



Nurses' perspectives on the personal and professional impact of providing nurse-led primary palliative and drug care in oncology department

Amarat Marzoq Alblawi¹, Nawal Ali Salman AL-atawi², Bashayer awad alanzai³, Halalah rewei alatawi ⁴, Jamilh Defallah Nmran Alatawi⁵, zainab hussein mohammed alblawi⁶, Tawfiq Abdulrahman M Almadhi ⁷, Khalid Oudah Alahmadi ⁸, Abdualrhman Muqpil Alassadi⁹, Rami Abdullah Abotalib¹⁰

1-Khalidiya Health Center

2-Khalidiya Health Center

3-Khalidiya Health Center

4-Montazah Health Centre

5-Montazah Health Centre

6-Montazah Health Centre

7-Nursing , King Fahd Hospital in Buraidah AL Qasim

8-Pharmacy technician, King Fahad Hospital, Medina

9-Pharmacy technician,King Fahad Hospital, Medina

10-Pharmacist, King Fahad Hospital in madinah

Abstract

Background: Due to shortages in palliative care (PC) workforce, there is a growing need for primary PC delivered by non-specialists. The Care Management by Oncology Nurses (CONNECT) intervention equips infusion room oncology nurses with training and resources to provide primary PC.

Objective: This study aims to explore nurses' perspectives regarding the personal and professional effects of training and delivering primary PC through the CONNECT program.

Methodology: The research employed qualitative methods, conducting in-depth telephone interviews with 11 nurses from oncology practices. Data analysis was carried out using qualitative content analysis.

Key Findings: Nurses expressed a sense of personal and professional fulfillment in delivering primary PC through CONNECT, highlighting potential risks such as increased emotional attachment to patients. Participation in the program also enhanced nurses' communication skills. A supportive work environment was crucial in mitigating stress associated with integrating primary PC into busy treatment schedules.

Conclusion: The provision of primary PC challenges traditional task-oriented nursing practices and has the potential to reshape professional roles and workloads for infusion room nurses.

Background

The National Comprehensive Cancer Network (NCCN) guidelines emphasize the integration of palliative care (PC) throughout advanced cancer care (NCCN, 2016). However, there is a gap between the demand for PC services and the availability of PC specialists, leading to a focus on primary PC. Primary PC involves basic symptom management and communication skills delivered by non-specialist clinicians (Quill and Abernathy, 2013). Most cancer care occurs in ambulatory settings, particularly infusion centers where oncology registered nurses (RNs) administer treatments. While this setting is ideal for primary PC, current practices show that oncology nurses spend minimal time on PC tasks (Mazanec and Prince-Paul, 2014; Davison et al., 2016).

Recognizing the close patient proximity in infusion rooms, Schenker et al. (2015) developed the Care Management by Oncology Nurses (CONNECT) intervention, aiming to provide primary PC led by oncology nurses. CONNECT offers specialized training and support to oncology nurses in delivering primary PC within outpatient infusion rooms using a structured care management approach. Collaborating with oncologists, CONNECT nurses focus on four primary PC domains: symptom management, advance care planning, emotional support, and care coordination. Training includes a three-day course led by PC experts, practical sessions with standardized patients, and provision of an intervention manual with resources. Nurses also receive ongoing support and schedule adjustments to deliver primary PC to selected advanced cancer patients.

A cluster randomized trial is ongoing to assess the effects of the CONNECT intervention on patient and caregiver outcomes (Becker et al., 2017). However, the impact of providing primary PC on oncology nurses has not been evaluated. This project aims to explore the personal and professional effects of training and engagement in primary PC among oncology nurses. Understanding the behavioral and role changes resulting from primary PC provision is crucial for future integration of RN-provided primary PC in oncology settings.

Methods

The study employed qualitative methods, specifically in-depth interviews, to explore the experiences of oncology nurses providing primary palliative care (PC) through the intervention. Qualitative approaches were chosen as they are well-suited for understanding complex social phenomena from diverse perspectives (Pope and Mays, 1995).

Setting and Participants:

The research comprising approximately 30 academic and community oncology clinics . Nine of these clinics were actively implementing nurse-led primary PC through. Nurses who had completed training at least a month prior were invited to participate in interviews about their experiences.

Data Collection:

A semi-structured interview guide was developed with input from study investigators and based on relevant literature on nurse-led PC interventions and professional role development (Montgomery et al., 2016; Pavlish and Ceronisky, 2009). The guide included open-ended questions about delivering primary PC through and its impact on nurses, along with a demographic survey. Prior to implementation, the guide was reviewed by experienced nurses in oncology and PC, and pilot-tested for clarity.

Participants were contacted via email by the first author (KF), a doctor of nursing practice student not directly involved in the study. They were assured that participation would not affect their role in the trial or their employment. Verbal informed consent was obtained, ensuring anonymity of responses. Interviews were conducted by KF via telephone, audio-recorded, and transcribed verbatim.

Analysis:

Transcripts were anonymized and analyzed using qualitative content analysis, a method to systematically interpret qualitative data (Schreier, 2012). An initial coding framework was developed by the study team based on sample transcripts, and a codebook was refined through interdisciplinary feedback. The coding process evolved as common themes emerged, with data organized into categories. Steps taken to ensure credibility included documenting analysis, seeking input from diverse investigators, and conducting respondent validation with participating nurses (Mays and Pope, 2000). ATLAS.ti Version 1.6.0 software facilitated qualitative data analysis.

Results

The interviews for this study were conducted and then again , spanning a total of six weeks. Initially, 14 eligible nurses were identified, but three declined due to time constraints. Interviews were conducted with the remaining 11 nurses until thematic saturation was reached, indicating no new themes emerged. Interview durations ranged from 19 to 37 minutes, with an average of 26

minutes. These nurses had between 3 to 15 months of experience implementing , with an average of 8 months.

Three main themes emerged from the analysis of the interviews:

1. **Personal and Professional Fulfillment:** Nurses expressed personal and professional satisfaction from the individualized care and support they provided . They felt more engaged and accomplished, noting a positive impact on their overall well-being. However, they also acknowledged the risk of forming stronger emotional connections with patients, which could lead to increased vulnerability and potential burnout.
2. **New Communication Skills:** Participating nurses reported improvements in their communication skills, particularly in handling difficult conversations about goals of care and advance directives. Training sessions and practical experience during visits helped them feel more confident and less anxious during such discussions.
3. **Stress and Work Environment:** Nurses highlighted feelings of stress, frustration, and guilt related to the additional workload from visits. They faced challenges in balancing these visits with their regular nursing duties, leading to concerns about time management and patient care. Support from leadership, coworkers, and the nurse project manager was crucial in alleviating these negative feelings and managing the workload effectively.

These findings underscore the multifaceted impact of participating in primary PC through the intervention on oncology nurses, highlighting both the rewards and challenges associated with this role.

Discussion

In this comprehensive interview-based study, oncology nurses generally expressed positive experiences and professional growth from delivering primary palliative care (PC) through the intervention. Developing deeper connections with patients contributed significantly to their sense of fulfillment, complemented by advancements in communication skills. However, they also highlighted emotional risks associated with these interactions and increased stress in their work environment as potential challenges. This study stands as the first qualitative exploration into how primary PC provision impacts oncology nurses, offering insights valuable to nursing practice and patient care. (Davison et al., 2016).

Effective communication in cancer care is pivotal, impacting patient outcomes like satisfaction, reduced stress, and improved quality of life (Uitterhoeve et al., 2010). Traditionally, nurses may overlook patients' emotional needs while focusing on physical care, a shift CONNECT addresses by prioritizing emotional and psychosocial support. Yet, the study uncovers nurses' struggle with this transition, feeling both rewarded and guilty about diverting from traditional nursing tasks.

Therapeutic communication isn't always part of standard nursing education, particularly regarding discussions about advance directives and care goals. The CONNECT intervention and programs like the End-of-Life Nursing Education Consortium (ELNEC) aim to bridge this gap, equipping nurses with essential skills through training and practice. (Schreier, 2012)

Furthermore, healthcare providers in oncology and PC often experience high burnout rates, affecting workforce retention. Job satisfaction and a supportive work environment play crucial roles in mitigating burnout. The study aligns with previous research highlighting the importance of a cohesive team and positive work environment in promoting job satisfaction and reducing compassion fatigue and burnout among oncology nurses. (Montgomery et al., 2016)

Overall, the findings underline the significance of ongoing training and support for nurses providing primary PC, along with the essential role of a supportive work environment in maintaining job satisfaction and managing stressors associated with this specialized role.

Conclusion

In summary, nurses involved in the program reported positive impacts, noting personal and professional benefits from delivering primary palliative care (PC). The acquisition of new practice skills, especially in PC communication, challenges the traditional task-oriented nursing approach and could significantly reshape the workload and schedules in infusion rooms. Adapting staffing models and fostering supportive work environments are crucial for sustaining oncology nurse-led primary PC initiatives.

Practice implications:

- Understanding the effects of CONNECT on nurses' personal and professional lives can enhance the delivery of nurse-led primary PC.
- Supporting the personal and professional development of nurses engaged in primary PC will strengthen service provision and ensure the sustainability of programs like CONNECT and future nurse-led primary PC interventions.

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