Role of Onco-Trained Nurses in a Tertiary Care Cancer Institute

Abstract

As the cancer healthcare system world-wide is being integrated with new scientific discoveries to upgrade cancer care, the role of the onco-trained nurses is continuing to evolve. These trained nurses participate in a variety of roles and setups that were unheard of few years ago, but are now steadily increasing. Incorporation of genetics in practice of cancer treatment has given additional responsibility of cancer genetic counselling along with the physician and counsellor along with hospital administrative offices. Oncology nurses serve in numerous leadership positions such as chief executive officers, directors of cancer service lines and admission services at hospitals and clinics.

Keywords: Onco-trained nurses; Role; Tertiary cancer care; RT: Radiotherapy

Mini Review

Volume 2 Issue 1 - 2018

Abhishek Purkayastha[1]*, Neelam Sharma[2] and Abhishek Pathak[3]

[1]*Department of Radiation Oncology, Command Hospital, India*
[2]*Department of Radiation Oncology, Army Hospital, India*
[3]*Department of Medical Oncology, Army Hospital, India*

***Corresponding author:** Abhishek Purkayastha, Department of Radiation Oncology, Command Hospital (Southern Command), Pune-411040, Maharashtra, India, Tel: 9650901736; Email: abhi5296@gmail.com

Received: November 02, 2017 | **Published:** January 02, 2018

Introduction

Onco-trained nurses working in a tertiary care cancer institute practice in different settings including acute care, day care, radiation, surgical, medical, gynaecologic, and paediatric oncology wards. They are involved in direct patient care and practice at the grass-root level, with 43% working at hospital level, 24% in the outpatient setting, 11% in physician offices, and 3% in hospice or home care [1]. Their involvement in outpatient and home care setting has increased as more patients are being treated out of the hospital setting. This mini-review discusses the role of the onco-trained nurses in patient care and coordination, patient education, management of symptoms and supportive care.

Purpose and Justification

The purpose of this mini-review is to focus on the role of onco-trained nurses employed in a tertiary cancer care centre. We discuss in brief their involvement in a patient's initial and daily assessment, day to supportive care. She provides an invaluable service to patients and their caregivers by coordinating and communicating with different diagnostic and therapeutic centre personals to ease out the stress and save time before any intervention. We hereby try to illustrate how diverse their role can be and its utmost significance in cancer care not only related to patients but also in administrative setting.

Discussion

The onco-trained nurses play an important role in coordinating the complex technologies commonly employed in cancer diagnosis and treatment. They are expected to act as the patient's first line of communication as it can provide an invaluable service to patients who may be confused and frightened. This coordination can encompass documentation, organizing referrals to specialists, constant counselling throughout diagnostic work-up, therapy and follow-up. Ideally, the patient and family should feel free to contact the oncology nurse by phone during the entire treatment program. It allows continuous patient communication, early recognition of emergencies, and regular emotional support. They are expected to draw a nursing care plan [2] in response to the particular needs identified from the assessment of patient's understanding of cancer therapy goals, treatment schedules, and side effects of therapy. These plans and measures may aid in patient's physical and psychological preparation for therapy.

Trained nurses are expected to assess a patient's physical and psychological status and also both the patient's and their family's knowledge of cancer and its treatment. They review the treatment plan daily with the treating oncologist and are aware of the expected adverse effects of treatment. She is expected to know the results and implications of all relevant laboratory and pathology reports. The delivery of RT and administration of chemotherapy on an outpatient basis has increased the necessity of the nurses to understand the possible side effects of RT and chemotherapeutic agents. Patients are more concerned about the treatment related side-effects and their management.

An important responsibility of onco-trained nurses is to deliver correct chemotherapy regimen in correct dose through correct route to the patient as complex regimens of lethal drugs are generally used in a day-care centre. Errors do occur which included errors in preparation and dosing, incorrect drugs administration or drugs infused by an incorrect route [3]. Tertiary care cancer centres have written policies for RT delivery, chemotherapy administration, handling and disposal of drugs safely, and management of adverse reactions. The nurses deal with numerous complaints of patients and their families which

they encounter during the course of treatment. These nurses contribute significantly in managing the side effects of RT and chemotherapy. For example, nausea and vomiting are two of the most common symptoms associated with RT and chemotherapy and controlling these symptoms have been a nursing priority [4]. The use of anti-emetic 5-hydroxytryptamine–receptor antagonists and corticosteroids under supervision has helped a long way in controlling these symptoms [5]. The most distressing adverse effect reported by patients on radiation treatment or chemotherapy is fatigue and nurses have played a major role in managing this symptom [6]. Nurses spend more time with cancer patients than the treating physician himself and are expected to have knowledge about pain assessment and pain management in order to provide good pain relief when required [7]. However, there are misconceptions and fear among the onco-trained nurses about radiation side effects like grade-III skin reactions, chemo-drug tolerance, and respiratory depression with opioids. There is also lack of knowledge about pain assessment and analgesic administration which sometimes result in under-treatment. This can be attributed to traditional undergraduate nursing curricula where pain management is not taught as a separate subject. Fortunately, these problems are now being addressed, and the education programs and resources available have improved considerably.

Conclusion

Increase in healthcare costs worldwide and reduced financial resources have challenged radiation and medical oncologists to evaluate the cost-effectiveness of medical and nursing care. The onco-trained nurses have efficiently shared this challenge and burden by providing comprehensive oncology nursing care aimed to promote patient comfort, pain control, provide information about side effects of radiation and systemic therapies, encourage compliance of patients, their families with therapy and further follow-up. The nurses should devote time for patients and their next of kin to explain the rationale of treatment and hear out their queries and suggestions. They should monitor the effectiveness and side effects of therapeutic interventions, respiratory and bowel status as well as psychological and cognitive functioning of cancer patients. She may act as a sympathiser for the patients instead of being an empathiser like the treating oncologist as sympathy is what is actually craved by a cancer patient and his caregivers in their daily chores of treatment schedule. Overall, an onco-trained nurse should be the pillar of strength and support to these ailing patients.

Acknowledgement

We like to extend our gratitude to department of Oncology Nursing, Command Hospital (Southern Command), Pune and Army Hospital (Research and Referral), New Delhi, India. The manuscript has been read and approved by all the authors, the requirements for authorship have been met, and each author believes that the manuscript represents honest work.

Conflict of Interest

None.

References

1. Pittsburgh PA (2002) Oncology Nursing Society. Demographics report, USA.
2. ONS (1996) Statement on the scope and standards of oncology nursing practice. American Nurses Association and the Oncology Nursing Society, Washington, USA.
3. Schulmeister L (1999) Chemotherapy medication errors: descriptions, severity, and contributing factors. Oncol Nurs Forum 26(6): 1033-1042.
4. Rhodes VA, McDaniel RW (1999) The index of nausea, vomiting, and retching: a new format of the index of nausea and vomiting. Oncol Nurs Forum 26(5): 889-894.
5. Nolte MJ, Berkery R, Pizzo B, Baltzer L, Grossano D, et al. (1998) Assuring the optimal use of serotonin antagonist antiemetics: the process for development and implementation of institutional antiemetic guidelines at Memorial Sloan-Kettering Cancer Center. J Clin Oncol 16(2): 771-778.
6. Dean GE, Stahl C (2002) Increasing the visibility of patient fatigue. Semin Oncol Nurs. 18(1): 20-27.
7. Yeager K, McGuire DB, Sheidler VR (2000) Assessment of cancer pain. In: Yarbro CH, et al. (Eds.), Cancer nursing: principles and practice. (5th edn), MA: Jones and Bartlett, Sudbury, Canada, pp. 633-656.