

# Caring for cancer patients on non-specialist wards

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Cancer is a significant cause of morbidity and mortality worldwide (World Health Organization (WHO), 2009), and every nurse will, at some stage of their career, care for a patient diagnosed with cancer (Kendall, 2007). Nurses are challenged with meeting the needs of patients and their families through all stages of the cancer trajectory; from diagnosis, through treatment, potential recurrence, survivorship or possible death (Wilkinson, 1999). The nursing care of patients with cancer has been described as stressful, challenging and emotionally demanding (Corner, 2002), requiring advanced communication skills, counselling skills and specialist theoretical and practical knowledge. Oncology patients and their families' physical and psychosocial needs are generally not being met in non-specialist clinical settings.

The scope of professional nursing practice has evolved over the years with a shift towards increased specialization. Furthermore, the development of nurses' scope of practice has been described by Castledine (1992) in the context of general and specialist practice. General practice has been described as general experience across traditional specialist domains of nursing, while specialist practice includes specific expertise in particular fields of nursing (Castledine, 1992).

Oncology nursing is one area that has developed as a specialist domain. The role of the clinical nurse specialist and advanced nurse specialist in cancer care has long been established in the UK and more recently in Ireland, particularly in breast cancer, palliative care, and chemotherapy administration. One rationale for the development of the role was to curtail healthcare costs and meet the complex physical and psychosocial needs of patients with cancer and their families (Willard and Luker, 2007). The nurse specialist role is fundamental to patient-centred care, and cancer specialist nurses make a significant contribution to the physical, psychological and social care of patients with cancer both in the hospital and in the community (Skilbeck and Payne, 2003). The core competencies for the nurse specialist, according to the National Council for the Professional Development of Nursing and Midwifery (2008), include:

- Having a clinical focus
- Acting as patient advocate
- Undertaking research and audit
- Teaching and educating colleagues and patients
- Acting as a consultant for the speciality.

Furthermore, the cancer nurse specialist is also expected to fulfil a further range of activities such as information

## Abstract

As cancer is the leading cause of death worldwide, every nurse will be required to care for patients with the condition at some point in his/her career. However, non-specialized oncology nurses are often ill-prepared to nurse patients suffering from cancer. This literature review aims to provide an overview of current trends and developments in cancer care nursing in an attempt to identify the range of previous research pertaining to caring for patients with cancer on non-specialist wards. The review finds that non-specialized cancer nurses report a lack of education and training with regard to cancer care and cancer treatments, which acts as a barrier to providing quality nursing care. Emotional and communication issues with patients and their families can also cause non-specialist nurses significant distress. International research has shown that specialist oncology nurses make a considerable difference to physical and psychosocial patient care. It is therefore paramount that non-speciality nurses' educational needs are met to develop clinical competence and to provide supportive holistic care for both patients and their families.

**Key words:** Non-specialized cancer nurses ■ Oncology nursing ■ Cancer care ■ Knowledge ■ Clinical competence

giving, symptom control, psychological care and social support, and to be a patient advocate and expert in the provision of palliative care (Willard and Luker, 2007). In essence, the nurse specialist in cancer care enhances patient care in a holistic manner.

The acknowledgement of the complexity of the needs of individuals diagnosed with cancer and their families has led to an increased awareness of the need for specially trained and educated nurses (Henke-Yarbro, 1996). Nevertheless, many patients with cancer are cared for by non-specialist nurses both in hospital and in the community (Wood and Ward, 2000). The aim of this literature review is to provide an overview of current trends and developments in cancer care nursing in an attempt to identify the range of previous research and available knowledge pertaining to caring for patients with cancer on non-specialist wards.

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## Background

According to the WHO (2009), cancer is the leading cause of death worldwide and rates could further increase by 50% to 15 million new cases in the year 2020, leading to a dramatic rise in the numbers of patients with cancer accessing health services. While a diagnosis of cancer was once considered a death sentence (Loescher et al, 1990), in recent years cancer survival statistics have dramatically improved. Overall, more than 50% of newly diagnosed patients can expect to survive beyond 5 years after diagnosis (Greenlee et al, 2001). The increase in the number of survivors occurs for a variety of reasons, including early diagnosis and treatment, more aggressive and effective treatments, and an increased awareness of cancer and the need for screening (Chu et al, 1996). However, it remains that a large number of patients with cancer do not survive their disease, and consequently health professionals are challenged with meeting the needs of patients throughout all stages of cancer treatment.

Both nationally and internationally, there has been an increasing focus on the care of people with cancer. A range of policy documents have been published in the UK over the past number of years seeking to improve the care of patients with cancer (Department of Health (DH), 2000a; Hicks and Fide, 2003). According to Hicks and Fide (2003), healthcare providers must focus on ensuring that patients receive high-quality information and emotional and psychological support, along with effective symptom control. In order to achieve this goal, education and training are required for all health professionals involved in caring for cancer patients. The NHS *Cancer Reform Strategy* (DH, 2007) builds on the *NHS Cancer Plan* (DH, 2000a) and has a number of aims, including building for the future by supporting workforce development and training (DH, 2007). This strategy document further highlights the importance of specialist nurses in cancer care as having a central role in the support and management of patients with cancer and their families (DH, 2007).

A further challenge to health professionals lies in the growing number of older people in society. As cancer is predominantly a disease of the older person (Hodgson, 2002), the incidence of cancer-related diagnoses will continue to rise (Forte and McGregor, 2004). Many older people with cancer also present with other comorbidities (Yip and Harper, 2000), so the nursing care required can be extremely challenging. The National Cancer Strategy (Ireland) (National Cancer Forum (NCF), 2006) further highlights the significant challenges of cancer care in hospitals and the necessity for services to expand to meet the needs of an ageing population. Consequently, nurses caring for these patients often feel uncomfortable, and lack the competence and confidence to discuss the patient's coexisting malignancy, treatment options or prognosis (Mohan et al, 2005). Moreover, a shortage of adequately trained personnel in cancer services has led to limitations on capacity and, more importantly, on the quality of care provided (Wood and Ward, 2000; NCF, 2006).

The very nature of health care today, with increases in cancer cases and hospital admissions, means that much of the care required will be provided by non-specialist staff (Wood and Ward, 2000; NCF, 2006). Non-specialist nursing

staff are often the first nurses that patients come in contact with and have an important role in supporting the patient and providing vital information. However, non-specialist nurses may have little or no specific training in the area of cancer care (McCaughan and Parahoo, 2000a). Therefore, in order to ensure that patients with cancer receive safe and optimal care, non-specialized nurses require education and support to provide the comprehensive and evidence-based care patients diagnosed with cancer both require and deserve (Wood and Ward, 2000). Furthermore, it is important that the education needs of staff caring for patients with cancer on non-specialist wards are explored, understood and met.

The care of patients with cancer has been explored in the nursing literature, with studies focusing on caring for the patient throughout diagnosis, treatment, possible recurrence, palliative care, and more recently, survivorship. Most of this research has focused on the experiences of oncology trained nurses and those working in specialist cancer units. However, very little attention has been paid to the experiences of generalist or non-specialist nurses when caring for patients with cancer on medical and surgical units, with only four dated studies identified examining this population only (McCaughan and Parahoo, 2000a; Wood and Ward, 2000; Mohan et al, 2005; Cunningham et al, 2006). This raises pertinent issues, because in clinical practice it is this group of nurses who provide a large proportion of the care to patients with cancer (McCaughan and Parahoo, 2000a; Wood and Ward, 2000). Consequently, it is essential for all nurses caring for oncology patients to be adequately equipped with the appropriate skills and knowledge in order to care for these patients in both inpatient and outpatient healthcare services (McCaughan and Parahoo, 2000a).

## Search strategy

A literature search was conducted using the electronic databases MEDLINE, PUBMED, PsycINFO and CINAHL from the years 1985–2010. Initial searches focused on the period 2000–2009; however, this limitation did not prove feasible as much of the notable work on the subject was undertaken in previous years. Search terms used both singularly and in combination included 'non-specialist nurses', 'patients with cancer', 'cancer education', and 'oncology nursing'. Eligible studies were published in the English language, were research-based, published between the years 1985 and 2009, published in peer-reviewed journals and focused on caring for adult patients with a cancer diagnosis. Additional searches were conducted manually and relevant policy and government documents were obtained in order to acquire a complete and holistic understanding of the area studied. A total of 25 studies were obtained initially and four of these were excluded as they focused on children with cancer. A further three articles were then obtained following a manual search through the university library to provide a more detailed description of the phenomena. In total, 24 research studies were reviewed. The majority of studies used qualitative approaches to collect and analyse data. The studies provided a rich diversity of aims, sample sizes and study designs. Study settings included Australia, China, Sweden, the UK and Ireland, providing a range of experiences and

cultural insights into the nursing care of cancer patients worldwide. Three overriding themes emerged:

- Communication in cancer nursing
- Knowledge informing cancer care
- The emotional nature of cancer nursing.

### Communication in cancer nursing

Good communication is acknowledged as the cornerstone of nursing and is essential to the delivery of effective patient care (Thorne, 1999; Leydon et al, 2000). However, many of the studies reviewed identified communication with patients with cancer as a significant source of concern and anxiety for both patients and nurses (Dunniece and Slevin, 2000; McCaughan and Parahoo, 2000a; Wood and Ward, 2000; Wilkinson et al, 2002; Davis et al, 2003; Mohan et al, 2005; Botti et al, 2006; Cunningham et al, 2006; Kendall, 2006). Patients with cancer often face uncertainty, isolation and vulnerability (Halldorsdottir and Hamrin, 1996). Furthermore, patients often experience psychological distress and have many questions with regard to their disease and the treatment options available. According to Kruijver et al (2000), the communicative behaviours of nurses can help patients who experience considerable distress after diagnosis to integrate the disease into their lives. Unfortunately, non-specialized nurses are not always prepared to manage distressed patients with cancer owing to their lack of experience and specialized knowledge.

In a triangulated research study on the experiences and perceptions of 134 pre-registration first-year student nurses, Cunningham et al (2006) found that students expressed concerns, fears and inadequacies when communicating with patients with cancer. However, it is important to realize that only half of the sample had any experience of caring for patients with cancer, and only nine students attended the one-to-one interviews. Furthermore, first-year student nurses may have very little experience of communicating and caring for patients with cancer in comparison to final-year nursing students. Therefore, the sample chosen for inclusion is a significant limitation of this research study. Sampling final year nursing students may have resulted in more in-depth findings, considering only nine first-year students participated in the interviews and the questionnaire only took 15 minutes to complete.

Wood and Ward (2000) used a multidisciplinary sample of specialized and non-specialized staff and patients to explore the educational needs of non-specialized staff when caring for patients with cancer. The researchers used focus groups, and individual and paired interviews to gather information. Wood and Ward (2000) claimed that non-specialized staff experienced difficulties with communication and often felt daunted and unsure of how to deal with difficult questions from patients or relatives concerning diagnosis, treatment and prognosis. The patients also echoed these findings, stating that non-specialized staff were fearful of the disease and were unable to communicate with them, displaying a general lack of confidence overall. Dunniece and Slevin (2000) agree, and further identified nurses' feelings of inadequacy and fear of 'saying the wrong thing' when dealing with newly

diagnosed patients with cancer. In essence, feelings of fear and inadequacy relating to communicating with patients with cancer emerged throughout many of the studies reviewed, and related in part to a lack of knowledge regarding cancer as a disease and cancer treatments (Dunniece and Slevin, 2000; Wood and Ward, 2000; Botti et al, 2006; Cunningham et al, 2006). Other issues that impacted on nurse-patient communication in cancer care included a lack of time to provide individualized care (Dunniece and Slevin, 2000; Botti et al, 2006) and a lack of training in communication skills (McCaughan and Parahoo, 2000a; Wood and Ward, 2000).

One of the main coping strategies used by non-specialist nurses with regard to perceived inadequacies in communication skills was the use of blocking techniques. Blocking behaviours were described by Kruijver et al (2000) as the use of avoidance techniques or distancing tactics in situations nurses perceived as stressful. Wilkinson (1991) identified factors influencing how nurses communicate with patients with cancer and found that in more than 50% of cases nurses used blocking behaviours. This finding was supported by Mohan et al (2005) and Cunningham et al (2006), who identified that nurses who felt unable to answer patients' questions developed strategies for avoiding 'difficult moments' by appearing too busy to talk, or by simply avoiding these patients altogether. Many health professionals fear that by asking patients 'how they are', uncontrollable emotions such as anger or despair will be unleashed, and it is often the case that non-specialist nurses are unprepared to deal with any consequential emotional outbursts (Maguire and Pitceathly, 2003). Furthermore, Parle et al (1997) identified that without the appropriate assessment skills, health professionals may find it easier to avoid discussing cancer patients' concerns altogether and inadvertently maintain a personal distance. However, the use of avoidance behaviours by nursing staff can have a negative effect on patients. For example, in a phenomenological study on the caring encounters of nine patients with cancer (Halldorsdottir and Hamrin, 1996), the patients identified that a lack of willingness to communicate and connect with them could be perceived as rejection. Rejection was also reiterated by patients in Wood and Ward's (2000) study. Additionally, the maintenance of personal distance was identified by Botti et al (2006) as a strategy used by specialist cancer nurses to avoid being drawn into the patient's emotional world, thereby protecting nurses from becoming too involved with patients and becoming emotionally burnt-out and drained as a consequences of caring.

From the patient perspective, communication can be the most important aspect of treatment (Thorne, 1988; Wood and Ward, 2000). Halldorsdottir and Hamrin (1997) identified open communication as paramount to the concept of professional caring in cancer nursing. However, communication with cancer patients requires complex and advanced skills, including the ability to cope with stress and tension. This follows as communication with individuals living with life-threatening illnesses is multifaceted and emotionally demanding (Field and Copp, 1999). However, ineffective communication has been linked to adverse effects

on patient compliance with treatment plans and furthermore, can lead to patients feeling anxious, uncertain and dissatisfied with their care (Audit Commission, 1993). Many of the studies that focused on non-specialist nurses' experiences of caring for patients with cancer identified communication as an area that caused stress for inexperienced nurses, leading to avoidance behaviours and increased stress for patients with cancer and their families. This perceived stress is due, in part, to a lack of education, but is also the result of a lack of theoretical and practical knowledge with regard to cancer and cancer treatments.

### **Knowledge informing cancer care**

According to Frost et al (1997), a significant challenge for all nurses is meeting the social, cultural, spiritual and developmental needs arising from the patient's response to their cancer diagnosis, the complexities of treatment, and the impact of cancer on the patient's family. In order to face these challenges, nurses should be appropriately equipped with the knowledge and skills required to manage and care for patients requiring treatment and management of cancer (McCaughan and Parahoo, 2000a).

In Wood and Ward's (2000) qualitative study, one of the overarching themes identified was the need for a better understanding of cancer and how cancer affects the patient. Many staff reported instances when they felt they lacked the knowledge and skills required to provide the optimal care. This feeling was also reiterated by patients in the study, who stressed the importance of being cared for by staff who were well informed. A Northern Irish study was carried out by McCaughan and Parahoo (2000a) using a quantitative survey design to assess the self-reported level of competence and educational needs of 73 medical and surgical nurses employed in a district hospital, when caring for patients with cancer. The study took place in a district hospital with 57.5% of the sample employed in medical wards and 41.1% employed in surgical wards; one respondent did not supply this information. Two thirds of the sample had over ten years' nursing experience. The researchers reported an identified lack of knowledge and skills regarding cancer care and treatment and in particular, pain management was identified as a source of concern for many of the nurses. Ethical dilemmas such as withholding information and inadequate psychological care also emerged. However, the percentage of requests for additional knowledge in cancer care ranged from 13.9–70.8%, with psychosocial knowledge being the most requested educational concern. As a consequence of the study being based on nurses' self-assessment of competence, the reliability of the findings are questionable. In a second publication (McCaughan and Parahoo, 2000b) using the same sample, the nursing attitudes to caring for cancer patients were favourable. The researchers suggest that the study should be repeated using a triangulation of data collection methods to obtain a more detailed picture of non-specialist nurses' needs, attitudes and experiences when caring for patients with cancer in Northern Ireland.

Further studies, including Mohan et al (2005) and Cunningham et al (2006) identified concerns about nurses' knowledge of cancer and cancer treatments. Cunningham et al (2006), found that many student nurses held preconceptions about cancer as a disease, such as the uncertainty of whether cancer is curable or

not, and the need to speak in hushed tones when mentioning the word 'cancer'. Misconceptions about cancer and negative attitudes towards the disease can have a detrimental effect on the patient, who is no doubt struggling to come to terms with his/her diagnosis, treatment or recurrence. Likewise, specialist oncology staff in Wood and Ward's (2000) study highlighted that a lack of understanding about some basic issues in cancer only led to feelings of pessimism about the disease and at the very least, was not beneficial to patients.

Liu et al (2006) carried out a qualitative descriptive study using semi-structured interviews to explain the meaning of 'caring' from the perspectives of 20 patients with cancer. The researchers' analysis identified that patients perceived 'caring' as nurses having qualified professional knowledge, empathetic attitudes and skills in cancer care in order to provide information and education, and building and maintaining a trusting nurse-patient relationship. In addition, Coffey (2006) undertook a detailed concept analysis to gain an understanding of the nurse-patient relationship in cancer care. Data was collected from 167 articles and from two other sources; 12 nurses participated in two focus group interviews, and eight patients with an experience of cancer participated in a semi-structured interview. From an analysis of the data the attributes of the nurse-patient relationship in cancer care included 'enduring relationship', 'caring benevolence', and 'contextually negotiated reciprocity'. As with any concept analysis, the findings cannot be generalized, as concepts are influenced by significance, use, culture, personal experiences and context, and therefore change and alter their meanings over time (McEvoy and Duffy, 2008).

Throughout the nursing literature, non-specialist nurses identified a need for greater understanding with regard to cancer as a disease, and knowledge relating to treatment. Misconceptions about cancer were also identified, particularly in relation to the prognosis, and were highlighted as having a potentially detrimental effect on the patient. The need for education regarding the assessment and management of cancer pain was also identified in many studies (McCaughan and Parahoo, 2000a; Wood and Ward, 2000; Mohan et al, 2005) with non-specialist staff reporting difficulties in dealing with patients requiring palliative care and caring for the patients' families. In essence, non-specialized nurses felt they needed a better understanding of the role of the palliative care team, other support mechanisms available, and knowledge with regard to the appropriate time to seek support if required (Wood and Ward, 2000; Mohan et al, 2005).

Evidently, the care of patients with cancer is complex and encompasses a wide range of skills. Nurses caring for patients with cancer are challenged to provide holistic care encompassing physical, social, spiritual and psychological care, not only for the patient, but also for his/her family. Patients who are newly diagnosed, patients with disease recurrence, patients receiving treatment, and patients in the final stages of illness all need the greatest help and support that nurses can possibly provide (Rustoen et al, 2003). The provision of safe care is paramount and therefore having the ability to recognize the treatment side-effects, symptoms or changes in a patient's overall health status is vital for all nurses caring for patients with cancer (Wood and Ward, 2000). It would seem essential, therefore, that in order to provide comprehensive holistic care

that meets the needs of patients with cancer, nurses require both practical and theoretical knowledge regarding the treatment and management of cancer from a holistic perspective.

### The emotional nature of cancer nursing

A diagnosis of cancer is a significant life event that causes disruption to the lives of patients and their families (Kendall, 2007). Meeting the emotional and psychosocial needs of patients with cancer presents a compelling challenge to health professionals and particularly to those who are not specialists in oncology care (McCaughan and Parahoo, 2000a). Many of the studies undertaken to explore the experiences and educational needs of non-specialist nursing staff identified issues with regard to dealing with the psychological needs of patients, the emotional nature of caring, and dealing with death and dying as difficult to manage (Dunniece and Slevin, 2000; McCaughan and Parahoo, 2000a; Wood and Ward, 2000; Mohan et al, 2005). A dominant feature in much of the research was the emotionally demanding nature of caring, with descriptions of cancer care as emotionally draining, challenging, sad and distressing (Mohan et al, 2005).

Dunniece and Slevin (2000) undertook a descriptive phenomenological study to describe the experiences of nurses who were present with a patient receiving a diagnosis of cancer. Six qualified nurses with over 18 months' experience of caring for patients with cancer participated in the study. The participants had all completed post-registration study days and three of the six nurses had a degree qualification. Data was collected using one-to-one semi-structured interviews and analysed using Colaizzi's (1978) data analysis framework. The participants identified a range of emotions, including inadequacy, fear, distress and anger. These feelings related to being unable to help the patient, in part owing to a lack of knowledge and difficulties with communication. All participants identified and empathized with patients their own age, and two participants described how they placed themselves in the patient's position when bad news was being delivered. Furthermore, all participants in the study felt that 'being there' was a central role of the oncology nurse, and that this included providing information, answering questions, listening and being silently present. The more experience nurses have in cancer care, the more comfortable they are with not having all the answers (Quinn, 2003), and the more comfortable nurses are with just 'being there'.

Dunniece and Slevin (2000) also found that being present with younger patients heightened nurses' awareness of their mortality and made the experience more difficult to deal with. Kendall (2007) claimed that when nurses were faced with caring for a youthful patient they experienced considerable emotional distress. Additionally, nurses in a study by Botti et al (2006) recognized the need to distance themselves emotionally from patients with haematological malignancies. Interestingly, the findings of Botti et al's (2006) qualitative exploratory study identified that non-specialized and inexperienced nurses were the most vulnerable and most likely to become emotionally involved and drawn into the lives of oncology patients.

The care of dying patients was a further emotional issue, raising many concerns for non-specialist cancer nurses. Caring for dying patients in an acute hospital setting may be particularly

stressful and challenging for nursing staff, owing to the blend of care required in an acute ward (Davis et al, 2003), staffing and resource pressures, lack of time, and lack of skills and the palliative care knowledge required to provide satisfactory nursing care. Browne et al (2005) agree, and found that staff reported regular stress when dealing with death and dying. Some of this stress was thought to occur because nursing staff often come to the job with little or no experience in dealing with difficult dying situations. The management of pain and communication with dying patients and their families has also been identified as a significant stressor when caring for dying patients (McCaughan and Parahoo, 2000a; Mohan et al, 2005). Dealing with patients' families was highlighted in a number of studies as being particularly emotionally demanding for non-specialist nurses (McCaughan and Parahoo, 2000a; Wood and Ward, 2000; Davis et al, 2003; Mohan et al, 2005).

Mohan et al (2005) undertook a qualitative descriptive study in Australia and found that dealing with and supporting family members, explaining issues such as end-of-life care and bereavement, and withholding information were difficult issues for non-specialist cancer nurses to manage. Only 50 packets consisting of seven open-ended survey questions, participant information leaflets and return address envelopes were distributed to four wards in two hospitals (420 beds and 32 beds). Twenty-five surveys were returned and five nurses agreed to be interviewed in one-to-one interviews. It is not clear why the researchers distributed only 50 questionnaires, which interviewed only five nurses. The use of a larger sample would have increased the rigour of the study. Also, the use of the questionnaires, albeit open-ended, leads to methodological confusion. Questionnaires are not generally used in qualitative research, but the use of the open-ended questionnaire could provide rich data in terms of participant narratives. Nevertheless, the researchers did not provide a justification for their use of questionnaires in this particular study, and could potentially cause confusion for novice researchers when attempting to interpret the findings. Fundamentally, Mohan et al (2005) concluded that non-specialized nurses require education in cancer care, the development of time management skills, counselling skills, and family-centred care in order to provide effective holistic nursing care to patients with cancer.

Embedded in the emotional nature of caring for patients with cancer is the notion of time. Many studies acknowledged the importance of time when providing psychosocial care for patients and families (Dunniece and Slevin, 2000; McCaughan and Parahoo, 2000a; Mohan et al, 2005). However, the nature of acute hospital care is such that high workloads and a lack of time are typical. Nurses emphasized that the environment of a busy ward is not conducive to adequate patient care, and some nurses further believed that patients would feel better cared for if they could share their experiences with others in similar situations (Mohan et al, 2005).

### Discussion

There have been many issues raised in the nursing literature by non-specialist staff caring for patients with cancer. Issues relating to communicating with patients and families were identified in all studies, and staff reported feeling ill-equipped

to deal with the information needs of patients with cancer throughout all stages of the cancer trajectory. Furthermore, non-specialized nursing staff reported a lack of education and training with regard to cancer and cancer treatments as a significant obstacle in the provision of comprehensive holistic care to patients with cancer and their families. The management of symptoms was also reported as a source of anxiety and stress for non-specialist nurses (McCaughan and Parahoo, 2000a; Wood and Ward, 2000; Mohan et al, 2005). The emotional nature of care and care of dying patients, the perceived lack of knowledge regarding symptom management and communication, the environment of care and a lack of time due to the inherent busyness of acute medical and surgical wards, were also acknowledged as problematic for non-specialist nurses. Many nurses held the view that patients with cancer would feel better cared for in a specialist area, and while this is ideal, the current state of healthcare environments and the projected increase in the numbers of patients with cancer suggests that this solution is a long way from being realized.

As a result of the increasing demand on the health service and the expanding need for specialist cancer nurses, there must be a commitment to advancing education in cancer care. Oncology nurse education begins with student nurses in the classroom, and particularly in the clinical practice area. However, student nurses are rarely prepared to care for patients with cancer (Ferguson, 1994), and Closs et al (1996) highlight that very few qualified nurses pursue post-registration education in cancer care. The DH (2000b) recommends that pre-registration programmes should 'accommodate the initial and ongoing care for people affected by cancers'. Furthermore, The Royal College of Nursing (2003) published a *Framework for Adult Cancer Nursing* identifying that nurses are key in the delivery of expert effective care to people with cancer:

**'...it is essential that the structure, training and education of the nursing workforce provides nurses with a sound knowledge and understanding of the care needs of cancer patients, their families, significant others and friends.'**

Clinical and theoretical education should therefore focus on topics related to understanding the nature of cancer, prevention, diagnosis, treatment, interpersonal communication, psychosocial support, death and dying, and the organization and management of cancer care (Cunningham et al, 2006). In addition, expert oncology nurses could deliver in-house education to all hospital nurses and provide advice to non-specialist nurses in times of need. Clinical nurses should be encouraged to develop both practical and theoretical knowledge in cancer care, because all nurses at some stage in their career will care for patients with cancer, and therefore need to develop an understanding of the physical, psychological and social dimensions of this aspect of nursing.

## Conclusions

This literature review summarized the current nursing literature with regard to caring for patients with cancer on non-specialist wards. Throughout the analysis it became evident that nursing patients with cancer and their families was an area that non-speciality nurses working on general

medical and surgical wards found particularly difficult. Dealing with the emotional responses of patients, patient's families and at times, the nurses' own emotional responses to caring for patients with cancer, were identified as being stressful, upsetting and frustrating. These difficulties were further compounded by time constraints, lack of experience, problems relating to communication, and the provision of psychosocial care.

While it is preferable that patients with cancer are cared for on specialist wards, the dedicated cancer ward may be unable to cope with the volume of admissions, and therefore patients will continue to be nursed on general medical and surgical wards. As a result, there is an overwhelming need for stakeholders to embrace the needs of patients and nurses in the organization of cancer care nursing. These developments are not only unique to European countries, but in keeping with international trends, and advances in cancer care are required worldwide. Research, although somewhat dated, has shown that educated oncology nurses make a significant difference to the patient's physical, psychological and social wellbeing (McCaughan and Parahoo, 2000a; Mohan et al, 2005). Consequently it is paramount that the educational needs of non-speciality nurses are met, so that all nurses are equipped with the competence and confidence to provide care for patients with cancer. BJN

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## KEY POINTS

- All nurses at some stage of their career will be required to care for patients with cancer. However, nursing patients with cancer and their families is an area non-speciality nurses working on general medical and surgical wards find particularly difficult
- Non-specialized nurses often have little or no specific training in the area of cancer care, and consequently feel uncomfortable and lacking in competence when caring for patients with cancer in medical, surgical or community settings
- Specialist oncology nurses can provide in-house education and clinical support to non-specialist nursing staff, particularly addressing pain management, communication, ethical dilemmas, and the treatment and management options available for patients diagnosed with cancer

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