

# Research & Reviews: Journal of Nursing & Health Sciences

## New Directions in Cancer Nursing

Hareesha Siramreddy\*

Department of Pharmacy, Andhra University, India

### Review Article

Received date: 25/07/2016

Accepted date: 26/07/2016

Published date: 02/08/2016

#### \*For Correspondence

Hareesha Siramreddy, Department of Pharmacy,  
Andhra University, India, Tel: 9652422278.

**E-mail:** siramreddy.hareesha@gmail.com

**Keywords:** Nursing; Nurse; Cancer.

#### ABSTRACT

The advancement of innovative cancer analysis/treatment and increased cancer survivorship, the training of cancer advanced practice nurses is becoming progressively complex, from the stance of both health and nursing models. The determination of this educational article is to report this problem and to present the authors' consideration on the learning practice with learners in a unitary methodology based on principle of health as increasing awareness. It is determined that the unitary method focuses on recognizing the client's arrangement as a pathway to outcome significance in the situation. By including the medical model within a unitary method, students achieve an improved nursing identity. The information gained in the process of outline recognition will make an important difference in survivorship care and will add to the core of education.

### INTRODUCTION

The cancer nursing society declaration on the possibility and principles of progressive training in cancer nursing defines a cancer advanced practice nurse (APN) as a registered nurse with a least of a master's degree in treatment [1-10]. The APN has developed advanced, in-depth information and preceptored scientific involvements in cancer that allow her or him to show a high degree of self-governing and combined conclusion and scientific ability in providing nursing maintenance to patients with cancer and their total family. The progressive practice of cancer treatment is used through the cancer care range with APNs working in the important care location, in reserved physician practices, in ambulatory hospitals, in longstanding development hospitals, in prevention centers, in the establishment of cancer hereditary advising, and in the providing of helpful and palliative care.

Clinical nurse midwifery, nurse anaesthetist, medical nurse specialist, and nurse doctor are the four outdated advanced practice treatment persons [11-20]. Of all these, those of scientific nurse specialist and nurse doctor are most usually seen in tumour care. There is importance on providing treatment at a progressive level to patients and relatives through wide ranging health valuations, the identification of regular and irregular wellbeing features, cure of a variety of human replies all over the cancer care range according to preparation strategies, procedures, or standing instructions, beginning of suitable care, and the unceasing assessment of consequences. The range of capabilities comprises straight care, training, discussion, partnership, moral judgement making, investigation utilization and management [20-30].

Cancer NPs will for the most part invest a more prominent rate of energy as an immediate parental figure than will CNSs. Contingent upon the state in which an APN is authorized, the extent of practice incorporates differing degrees of prescriptive power and doctor supervision required, and title acknowledgment [31-45]. The APN must be authorized in her or his state as an enlisted nurture and is liable to that state's lawful requirements and controls for acknowledgment and licensure of cutting edge hone. Cancer attendant professionals can viably meet both the medicinal and nursing needs of patients by working in a cooperative practice model bolstered by a common theory of practice, composed assertions depicting shared obligations and responsibility, joining of the part into everyday practice, and customary assessment and rearrangement of objectives.

Changes in the human services framework have tested experts to enhance the conveyance of tumor consideration administrations [46-49]. As a result of these requests, the part of the cancer propelled rehearses medical attendant has kept on

extending. The ONS trusts that APNs are a basic segment of the medicinal services group that furnishes consideration to patients with disease and those hindrances to full utilization of APNs must be tended to. Two steady obstructions are repayment and prescriptive power. The United States Congress perceived the part of NPs and CNSs in meeting the country's social insurance needs when it authorized Section 4511 of the Balanced Budget Act of 1997, which broadened Medicare scope for expert administrations gave by NPs and CNSs to every single geographic zone and treatment settings. Be that as it may, some outsider payers still don't perceive the APN as a credentialed professional, subsequently making a hindrance to full practice. Right now, enormous variability exists in the extent of practice and prescriptive power for APNs over the United States<sup>[50-70]</sup>. This variability exhibits different hindrances that keep APNs from honing at the most astounding proficient level. To advance quality disease mind and to sufficiently deal with the side effects, for example, torment that can influence a patient's personal satisfaction, the cancer APN must be conceded prescriptive power for pharmaceuticals, blood items, and nourishing supplements. The incorporation of controlled substances inside the extent of prescriptive power for APNs is an imperative part to guarantee ideal indication administration in patients with disease<sup>[71-80]</sup>.

To propel quality malignancy care, it is important that the fields of prescription and nursing structure communitarian organizations that perceive and commonly regard the commitments of every order to quality growth care. Eight state therapeutic oncology affiliations have embraced the ONS position with respect to the part of the APN in oncology care. As nursing parts have extended, the customary limits between the two orders have obscured. To completely work together, proficient accomplices must be secure in their individual expert characters to completely bolster and advance every accomplice's expert respectability and commitment to quality patient consideration. Hindrances that must be overcome to accomplish full coordinated effort are absence of training with respect to part adequacy, stereotyping of nursing parts, absence of clinical and interpersonal capability, doctor imperviousness to acknowledgment of the part, and clashing qualities between the experts included<sup>[81-90]</sup>.

The Proficient enrolment societies play a vital part in teaching their constituents in their individual specialized arenas. ONS serves as an expert home for oncology medical caretakers, including ONPs and different APRNs, and serves as an asset for the calling of nursing and attendants looking after patients with cancer. ONS is exceptionally situated to comprehend what medical attendants need to know and how to convey the training. On-going comprehensive continuing training is significant for NPs to achieve and preserve existing information and services in the field. The conference is preceded by a expertise workspace proposing both moralistic and practical teaching in services such as bone marrow operation and lumbar perforation. The objectives of this workshop are twofold: to build up an establishment for cutting edge hone in oncology for the NP with constrained or no related knowledge in oncology and to set up a system and asset set for the NP new to oncology. The assessment of the test case program held in November 2008 showed that due to the workshop, the consideration of members' oncology patients enhanced as an aftereffect of a superior essential comprehension of growth and the cure that it includes. ONS likewise offers instructive tracks for APRNs at its yearly meeting notwithstanding numerous other CNE offerings designed for the APRN<sup>[91-101]</sup>.

## REFERENCES

1. AbdAlla A and Elsadig M. Perception of nursing students towards palliative care of cervical cancer in Sudan. *Cervical Cancer*. 2016;1:108.
2. AbdAllah A, et al. Awareness and attitudes of nursing students towards prevention of cervical cancer. *Cervical Cancer*. 2016;1:107.
3. Ji L and Bai J. Nursing care on an elderly diabetic foot patient with an abnormal toenail: A case report. *Diabetes Case Rep*. 2016;1:103.
4. Taets GDCC (2016) The nursing care in front of the dying process in oncology. *J Nurs Care*. 2016;5:337.
5. Feifei W. A case of nursing experience of taking care of Creutzfeldt-Jakob disease patient in China. *J Nurs Care*. 2016;5:336.
6. Sharma RK and Sharma V. Work place violence in nursing. *J Nurs Care*. 2016;5:335.
7. Bongermine-Rose M, et al. Evaluating a non-verbal assessment tool in nursing students and staff at the University of Botswana. *Anthropol*. 2016;4:164.
8. Tosun O, et al. Pain in new born and nursing management. *J Preg Child Health*. 2016.
9. Marshall B. The role of federal and state government in advanced practice nursing. *J Preg Child Health*.
10. Legesse MT, et al. Adult patient satisfaction with in-patient nursing care in a referral and teaching Hospital Southern Nations Nationalities and Peoples Region (SNNPR), Ethiopia. *J Nurs Care*. 2016;5:334.
11. Mulcahy H, et al. Developmental dysplasia of the hip: A case study to illustrate public health nursing practice. *Adv Practice Nurs*. 2016.
12. Yamazaki Y, et al. Effects of ampicillin/sulbactam dose and dosing frequency in elderly patients with nursing- and healthcare-associated Pneu. 2016.
13. Alam AY and Alabdulaali MK. Awareness to implementation on select quality and patient safety indicators among nursing staff. *J Comm Pub Health Nursing*. 2016.

14. Fernandes CS, et al. Learn an evaluation model and family intervention with "FAMILY NURSING GAME". *Journal of Nursing and Health Sciences*. 2016.
15. Kadmon I. Breast cancer - A developing paradigm of nursing care in Israel. *J Nurs Care* 2016; 5:331.
16. Petty GM, et al. Practicing inter-professional teamwork among nursing and medical students. *J Nurs Care*. 2016;5:330.
17. Mutair AA, et al. Undergraduate Saudi nursing students attitudes towards nursing profession. *J Nurs Care*. 2016;5:329.
18. Richter S and Jarvis K. The need for a critical approach to nursing education within a globalized world. *J Nurs Care*. 2016;5:321
19. Gorea RK, et al. Role of social media in the practice of nursing science. *Glob J Nurs Forensic Stud*. 2016;1:e102.
20. Kaya N, et al. Innovation in nursing: A concept analysis. *J Comm Pub Health Nursing*. 2016;2:108.
21. Ho C, et al. A short commentary about benefits and drawbacks of osces in the nursing education. *J Nurs Care*. 2016;5:315.
22. Mouchoux C, et al. Nursing staff knowledge on postoperative delirium in older inpatients: An exploratory survey. *Adv Practice*. 2016.
23. Benavente SBT. Psychometrics is needed in nursing research. *J Perioper Crit Intensive Care Nurs*. 2015;1:e104.
24. Nelson-Marten P, et al. A palliative care certificate program: A nursing education model for developed and developing countries. *J Palliat Care Med*.
25. Ami SB and Yaffe A. Palliative care in Israel: The nursing perspective. *J Palliat Care Med*. 2015;S5:009.
26. Ayyub R, et al. Perceptions of patients regarding quality nursing care (QNC) at a tertiary care hospital, Karachi, Pakistan. *J Clin Res Bioeth*. 2015;6:254.
27. Jeannine M and Brant. Palliative care nursing: Looking back, looking forward. *J Palliat Care Med*. 2015;S5:e001.
28. Elshamy K. Current status of palliative care nursing in Egypt: Clinical implementation, education and research. *J Palliat Care Med*. 2015;S5:005.
29. Al-Zadjali M, et al. Palliative care nursing in Oman; Moving towards palliative care nursing. *J Palliat Care Med*. 2015;S5:003.
30. Punjwani R, et al. Palliative care in nursing - Where are we in Pakistan? *J Palliat Care Med*. 2015;S5:002.
31. Can G. The implementation and advancement of palliative care nursing in Turkey. *J Palliat Care Med*. 2015;S5:001.
32. Pelikan A, et al. Modern nursing in the process of ethical changes in surgery. *J Nurs Care*.2015;4:302.
33. Mutair AA. Quality of nursing care in Saudi Arabia: Needs for improvement. *J Nurs Care*. 2015;4:309.
34. Calinici T. Virtual patients in emergency nursing training. *J Nurs Care*. 2015;4:301.
35. Mutair AA. Clinical nursing teaching in Saudi Arabia challenges and suggested solutions. *J Nurs Care*. S1-007.
36. Belete A, et al. Assessment of attitudes towards nursing profession among nurses and non-nursing health professionals working in Mizan-Aman General Hospital, Southwest Ethiopia. *J Nurs Care*. S1-003.
37. Ikezaki S and Ikegami N. Factors related to deaths in nursing homes and not in hospitals in Japan. *J Comm Pub Health Nursing*. 2015;1:107.
38. Tabali M, et al. The relationship between health-related quality of life and care dependency among nursing home residents in Germany: A longitudinal study. *J Gerontol Geriatr Res*. 2015.
39. Hollaar V, et al. Nursing staff's knowledge about and skills in providing oral hygiene care for patients with neurological disorders. 2015.
40. Baptiste D and Neira PM. Integrating concepts of transgender-specific health care in nursing education to improve patient outcomes. *Journal of Nursing and Health Sciences*. 2015.
41. González-Mariscal G, et al. Contribution of suckling stimulation to the daily periodic display of nursing behavior in non-lactating virgin rabbits. *J Neurol Neurophysiol*. 2015;6:327.
42. Gerensea H, et al. Quality of nursing care among in-patient of medical-surgical ward in Axum St. Marry Hospital, Tigray, Ethiopia. 2015;Enz Eng. 2015.
43. Fonseca C, et al. Nursing interventions in prevention and healing of leg ulcers: Systematic review of the literature. *J Palliat Care Med*. 2015;5:238.
44. Karacsony SA. Critical review of instruments for nursing assistants' scope of practice and a palliative approach in long-term care settings. *J Comm Pub Health Nursing*. 2015;1:105.
45. Chen BL. Effectiveness of a nursing shift information system on a surgical ward in Taiwan. *J Nurs Care*. 2015;4:290.
46. Theofanidis D. Evidence based practice and evidence based nursing education. *J Nurs Care*. 2015;4:279.

47. Onieva-Zafra MD. The impact of Martha Rogers' nursing science in Spain. *J Nurs Care*. 2015;4:283.
48. Vlaisavljevic Z and Rankovic I. Specific nursing care rendered in hepatic encephalopathy: Contemporary review and new clinical insights. *J Nurs Care*. 2015;4:264.
49. Wickham S. Lesser recognised important roles of the clinical nurse specialist. *J Nurs Care*. 2015;4:251.
50. Kading Y. Palliative care nursing in Cyprus. *J Palliat Care Med*. S4:006.
51. Omran S and Obeidat R. Palliative care nursing in Jordan. *J Palliat Care Med*. S4:005.
52. Khlei M and Dweib A. Palliative care and nursing in Palestine. *J Palliat Care Med*. 2015;S4:003.
53. Sajjadi M. et al. Nursing Education in palliative care in Iran. *J Palliat Care Med* S4:001.
54. Stalter AM. System base practice as a public health nursing workforce competency requirement. *Review Pub Administration Manag*. 3:165.
55. Brown P. Nursing revolution in Australian primary mental health. *Int J Emerg Ment Health*. 17:246.
56. Hong R and Hee L. Experiences of study exchange program in Australia from Asian nursing student's perspectives. *J Nurs Care*. 4:286.
57. Theofanidis D. Evidence based practice and evidence based nursing education. *J Nurs Care*. 4:279.
58. Zeljko. Specific Nursing care rendered in hepatic encephalopathy: Contemporary review and new clinical insights. *J Nurs Care*. 2015;4:264.
59. Bademli K. What to know about schizophrenia caregiver support. *Int J Emerg Ment Health*. 2015;17:218.
60. Moorhouse P. Treatment of hypertension in frail older adults in nursing homes: Evaluation of an educational intervention for physicians. *J Gerontol Geriatr Res*. 2015;S3:005.
61. Feghali A, et al. Utilization of intravascular ultrasound to assess vascular invasion in pancreatic cancer post chemoradiation therapy. *J Vasc Med Surg*. 2016;4:275.
62. Yuldasheva GA, et al. The mechanism of anti-cancer activity of complexes of molecular iodine with  $\alpha$ -dextrins and polypeptides and lithium halogenides. *J Antivir Antiretrovir*. 2016;8:072.
63. Wu D, et al. Evaluating long-term outcomes via computed tomography in lung cancer screening. *J Biom Biostat*. 2016;7:313.
64. Sahli N, et al. Impact of Brachytherapy in the treatment of locally advanced cervical cancer: Results from a single institution. *Gynecol Obstet*. 2016;6:386.
65. Sarwar R, et al. Association of promoter polymorphisms in *Xrcc2* gene involved in DNA double strand break repair and increased susceptibility to thyroid cancer risk in Pakistani population. *J Carcinog Mutagen*. 20.
66. Manzo C. Cancerogenesis and polymyalgia rheumatica. *J Carcinog Mutagen*. 2016;7:268.
67. Ichihara H, et al. Negatively charged cell membranes-targeted highly selective chemotherapy with cationic hybrid liposomes against colorectal cancer *in vitro* and *in vivo*. *J Carcinog Mutagen*. 2016;7:267.
68. Khan A. 4-Aminobiphenyl and nitric oxide synergistically modified human DNA: Its implication in bladder cancer. *Biochem Anal Biochem*. 2016;5:279.
69. Kahouli I, et al. Characterization of *L. reuteri* NCIMB 701359 probiotic features for potential use as a colorectal cancer Biotherapeutic by Identifying Fatty Acid P.
70. Lay FD and Liang G. Rethinking demethylating agents in epigenetic cancer therapy. *J Mol Pharm Org Process Res*. 4:133.
71. Bisen PS. Nutritional therapy as a potent alternate to chemotherapy against cancer. *J Cancer Sci Ther*. 8:168.
72. Langdon SP and Sims AH. HER2-targeted antibody treatment for ovarian cancer – future opportunities. *J Mol Pharm Org Process Res*. 4:1.
73. Mathioudakis A and Hardavella G. From lung cancer screening to targeted therapies: The endless race against lung cancer morbidity and mortality. *J Lung Cancer Diagn Treat*. 1:e101.
74. Naeini EE, et al. The effectiveness of stress management training on hardiness in patients with breast cancer. *Abnorm Behav Psychol*. 2016;2:115.
75. Hauptman N and Glavač D. Long non-coding RNAs in cancer: Diagnostic and prognostic value. *Med Chem (Los Angeles)*. 6:422.
76. Shabani A. A review of anticancer properties of herbal medicines. *J Pharma Care Health Sys*. 3:160.
77. Akcay S, et al. Smoking cessation in lung cancer. *J Lung Cancer Diagn Treat*. 1:105.
78. Pezzella F. Cancer and blood vessels: A complex relationship. *J Lung Cancer Diagn Treat*. 1:104.

79. Purkayastha K, et al. To determine the role of procalcitonin in febrile neutropenic episodes of children undergoing treatment for childhood cancers. *J Clin Case Rep.* 2016;6:805.
80. Sinakosa ZM and Geromichalosb GD (2016) The effect of saffron (*Crocus sativus*) carotenoids on hemostasis and atherosclerosis. *Next Generat Sequenc & Applic.* 2016;3:127.
81. Patel BD, et al. Quantification of newer anti-cancer drug clofarabine in their bulk and pharmaceutical dosage form. *J Chromatogr Sep Tech.* 2016;7:328.
82. Newman MA. *Health as expanding consciousness.* St. Louis: The C. V. Mosby Company.
83. Newman MA, et al. The focus of the discipline of nursing. *Adv Nurs Sci.* 14:1-6.
84. Ferrell BR and Winn R. Medical and nursing education and training opportunities to improve survivorship care. *J Clin Oncol.* 24:5142-5148.
85. Grant M, et al. Oncology nurse participation in survivorship care. *Clin J Oncol Nurs.* 14:709-715.
86. Irwin M, et al. Oncology nurses' perspectives on the state of cancer survivorship care: current practice and barriers to implementation. *Oncol Nurs Forum.* 38: E11-E19.
87. Klemp JR, et al. Improving cancer survivorship care: oncology nurses' educational needs and preferred methods of learning. *J Cancer Educ.* 26:234-242.
88. Shearer D and Adams J. Evaluating an advanced nursing practice course: student perceptions. *Nurs Stand.* 26:35-41.
89. White KR and Coyne PJ. Nurses' perceptions of educational gaps in delivering end-of-life care. *Oncol Nurs Forum.* 38:711-717.
90. Newman MA. Caring in the human health experience. *International Journal for Human Caring.* 6: 8-12.
91. Endo E, et al. Pattern recognition as a caring partnership in families with cancer. *J Adv Nurs.* 32:603-610.
92. Yuan and Changrong. Rethinking M-health in cancer care: From the perspective of patient participation. *Cancer Nursing.* 39:253-254,
93. Paterson CL, et al. Body image in younger breast cancer survivors: A systematic review. *Cancer Nursing.* 39:E39-E58.
94. Kelly DL, et al. The microbiome and cancer: Implications for oncology nursing science. *Cancer Nursing.* 39:E56-E62.
95. Sterba KR, et al. Quality of life in head and neck cancer patient-caregiver dyads: A systematic review. *Cancer Nursing.* 39:238-250
96. Chow KM, et al. A review of psychoeducational interventions to improve sexual functioning, quality of life and psychological outcomes in gynecological cancer patients. *Cancer Nursing.* 39:20-31.
97. Davis LL, et al. State of the science: Taxane-induced musculoskeletal pain. *Cancer Nursing.* 39:187-196.
98. Chan and Raymond J. Evidence-based cancer nursing: Cancer nursing and the Cochrane collaboration. *Cancer Nursing.* 36:1-2.
99. Miyashita M, et al. Unmet information needs and quality of life in young breast cancer survivors in Japan. *Cancer Nursing.* 38:E1-E11.
100. Hinds, et al. The global champion for end-of-life care: Who are you? What is keeping you? *Cancer Nursing.* 2016;39:1-2.
101. Gilbar and Peter. Intrathecal chemotherapy: Potential for medication error. *Cancer Nursing.* 37:299-309.