

Original

Current Status and Issues in Nurses' Roles in Counseling Cancer Patients: Perceptions of Certified Nurse Specialists in Cancer Nursing

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The purpose of this study was to investigate the current status of and issues involved in nurses' roles in counseling cancer patients. A survey of 125 certified nurse specialists in cancer nursing was conducted from July to October 2011. Responses were received from 73 of the 125 targeted subjects, resulting in a response rate of 58.4%. Thirty-two (43.8%) facilities conducted cancer patient counseling, while 41 (56.2%) did not. Major interventions consisted of two categories-nursing support to increase understanding and coping methods for living with cancer and clinical evaluation for continuous support. The former category comprised five subcategories, while the latter comprised two subcategories. Issues at hand consisted of the category challenges in cancer counseling quality assurance and six subcategories. Content and systems for cancer patient counseling varied according to the facility and staff member conducting the counseling, suggesting the need for quality evaluation and nurse training in the future.

Key Words: cancer patient counseling, cancer nursing, psycho-oncology, nurse specialist in cancer nursing, nursing role

Introduction

In the field of cancer nursing, it is important to understand cancer patients in a holistic manner and to support patients and their families throughout the course of treatment from diagnosis to the terminal phase. Cancer symptoms and treatment are often very physically invasive. Psychologically, it has been reported that approximately 30%-40%^{1)~3)} of cancer patients suffer from depression and adjustment disorders.

The overall principle behind all psychological and social treatment of cancer is that it is a bio-psycho-existential-social disease⁴⁾. Chubak et al⁵⁾ reported that oncology and primary care departments were jointly responsible for the care of cancer survivors and helping them the difficulties they face in transitioning from treatment to follow-up care. Martin et al.⁶⁾ stated that cancer survivors appear most interested in topics specific to their illness and treatment rather than supportive topics, that stress manage-

ment also received high rankings, and that nurses play a key role in providing patient education and support.

In Japan in April 2010, "cancer patient counseling fees" were designated for medical care remuneration. This counseling involves nurses who meet the requirements for calculation, cooperating with doctors and other health professionals as necessary to provide explanations and discussions regarding diagnostic results and treatment methods so that patients can gain sufficient understanding of their condition and select an appropriate treatment plan. The nurses who have satisfied calculation requirements are those who qualified with Certified Nurse Specialist in Cancer Nursing, Certified Nurse Specialist in Psychiatric Mental Health Nursing, Certified Nurses in the field of cancer nursing, and those who have completed studies at these Certified Nurse Specialist or Certified Nurses educational institutions.

As only two years have passed since the initiation of the system, (under which cancer counseling is eligible for medical remuneration), very little evaluation has been conducted.

The purpose of this study was to describe and clarify the current state of cancer patient counseling and the issues involved in it under Japan's health insurance system based on the perceptions of Certified Nurse Specialists in Cancer Nursing.

Participants and Methods

1. Design

A cross-sectional survey was conducted by mail, and freely written comments yielded by the survey were qualitatively analyzed.

2. Method of data collection

1. Survey period: From July to October 2011.

2. Participants: A total of 125 registered nurses were selected from a list of 250.

Certified Nurse Specialists (CNS) in Cancer Nursing featuring on the Japanese Nursing Association homepage⁹⁾. The nurses were selected from 125 facilities, except for facilities in Tohoku, Japan, which experienced the Tohoku earthquake and tsunami 4 months ago. One nurse was chosen from each facility having more than one CNS in cancer nursing.

3. Survey details: The details and categories of the survey were created by the author.

The survey comprised questions regarding the basic attributes of age, sex, position, years of experience, and department, in addition to whether or not cancer patient counseling was conducted under the medical remuneration system and whether the respondent had an experience of studying counseling in general. Respondents commented freely regarding interventions made by nurses during cancer patient counseling and issues regarding the cancer patient counseling system. Even when cancer patient counseling was not conducted under the medical remuneration system, respondents were asked to comment freely on issues regarding this system.

3. Data collection

A written explanation of the objectives and purpose of the study was mailed along with the surveys. Subjects who responded to the surveys were considered to have consented to participate in the

study. Respondents were asked to send the survey back within two weeks in the stamped, self-addressed envelope enclosed.

4. Ethical considerations

The study was approved in July 2011 by the Ethics Committee of Tokyo Women's Medical University.

5. Data analysis

Demographic data (age, sex, educational background, position, years of experience, and department) were calculated as percentages from valid responses. The rate of cancer patient counseling conducted under the medical remuneration system and the proportion of nurses with or without experience of studying counseling was also calculated. When cancer patient counseling was not conducted, we recorded only demographic data and responses regarding issues in cancer patient counseling.

We analyzed the freely recorded survey data regarding the nurses' counseling activities for patients, divided similar types of information into subcategories, and calculated their frequency. Next, we extracted common and similar details from the subcategories, from which we developed categories with a high level of abstraction. To increase reliability, the analyses of two different researchers were compared, and the differences were discussed by the researchers until they reached a consensus.

Regarding the respondents' opinions on cancer patient counseling, issues were extracted and subjected to the same content analysis, and abstraction of subcategories and categories was conducted accordingly.

Results

1. Participant characteristics

A total of 73 questionnaires were returned (response rate, 58.4%). The respondents comprised two men and 71 women (97.3% women). Age ranged from 20 to 50 years, with the greatest number of subjects in their 40s (49.3%, $n = 36$), followed by subjects in their 30s (32 subjects, 43.8%, $n = 36$).

Details of the facilities where the nurses worked are as follows: 13 were Municipal Cancer Treatment Coalition Base Hospitals, 28 were Regional Cancer Treatment Coalition Base Hospitals, and 32

were categorized as “other.”

Sixty-six respondents (90.4%) had an experience of studying counseling techniques throughout their nursing education. Responses regarding educational background revealed that 69 subjects (94.5%) held a master’s degree and four subjects (5.5%) held a doctoral degree.

Duration of experience ranged from 7 to 30 years, the average being 17.1 years. Regarding the nurses’ designation, 33 (45.2%) were nursing administrators, 22 (30.1%) were staff nurses, and 18 (24.6%) were categorized as “other.” Fourteen (19.7%) were hospital ward staff members, 11 (15.6%) worked as outside staff members, and 48 (65.7%) was categorized as “other.”

2. Current status of cancer patient counseling

Thirty-two facilities (43.8%) surveyed in this study were conducting cancer patient counseling, under the medical remuneration system, whereas 41 facilities (56.4%) did not. Major interventions involved in cancer patient counseling at the former 32 facilities underwent content analysis.

In this report, categories are indicated with double quotation marks (“ ”), subcategories with single quotation marks (‘ ’), and examples of participant comments with angle brackets (< >). Interventions by Certified Nurse Specialists in cancer nursing throughout the process of cancer patient counseling formed the following two categories: “nursing support to provide better understanding and coping methods for living with cancer” and “clinical evaluation for continuous support.” Subcategories and examples of comments have been displayed (Table).

A: “Nursing support to provide better understanding and coping methods for living with cancer”. Here, five subcategories were formed.

A-(1) ‘Helping patients sort out their feelings and providing emotional support after explanation’

With 15 comments (25.4%), this subcategory was the most commonly cited. Nurses helped patients sort out their feeling and provided emotional support by listening attentively to the anxiety and bewilderment often caused by cancer.

A-(2) ‘Supplementary explanation after informed

consent’

With a total of 14 comments (23.7%), this subcategory was the second most commonly cited of the comments in this subcategory.

A-(3) ‘Decision-making support’

This subcategory included comments regarding treatment selection and changes in treatment strategy.

A-(4) ‘Support for balancing treatment and lifestyle’

Here, the most common comment, cited three times, was <checking that the patient had no worries related to their life in recuperation>.

A-(5) ‘Provision of information regarding counseling’

This subcategory involved providing patients with places they could go to receive necessary information.

B: Clinical evaluation for continuo

B-(1) “Clinical evaluation for continuous support”

In this subcategory, <guarantee of continuous support> was the most common comment, followed by <assessing understanding and psychological state after informed consent and making judgments regarding the continuation of intervention>, and consisted of the making of clinical judgments regarding continuous support after cancer patient

B-(2) ‘Confirmation of acceptance’

This subcategory included comments such as <confirmation of acceptance before and after notification of diagnosis> and <confirmation of understanding regarding disease and treatment> and involved nurses confirming how patients accepted being informed of their disease and its treatment and judging the necessity of continuous support.

3. Issues regarding cancer counseling

We obtained 73 responses regarding cancer counseling. These were analyzed and yielded the following results: Issues regarding cancer patient counseling comprised the category “issues in cancer counseling quality assurance” and the following six subcategories.

(1) ‘Learning requirements for counseling skill improvement’

Table Nursing involved in cancer patient counseling

Category	Subcategory	Main interventions and number of comments	
A	(1) Helping patients sort out their feelings and providing emotional support after explanation	<ul style="list-style-type: none"> • Listening to anxieties 7 • Psychological support for patients informed of cancer 2 • Listening to feelings of bewilderment regarding changes in their condition 2 • Assessment of psychological state 1 • Staying by their side and providing a sense of security 1 • Practicing supportive listening 1 • Focusing on causes of anxieties and fears 1 	Total 15
	(2) Supplementary explanation after informed consent	<ul style="list-style-type: none"> • Supplementary explanations of treatment, condition and side effects 8 • Chemotherapy orientation 2 • Explanation of preoperative and postoperative symptoms and lifestyle 1 • Explanation given to answer questions that the patient could not ask the doctor during informed consent 1 • Communicating the doctor's explanation in an easy-to-understand manner 1 • Explanation of the effect of treatment on lifestyle from a nurse's viewpoint 1 	Total 14
	(3) Decision-making support	<ul style="list-style-type: none"> • Support for selection of treatment regimen 4 • Support after discontinuation of anticancer drugs and transition to palliative care 2 • Confirmation of family perceptions and family members present in the Intensive Care Unit 1 2 • Discussions for selecting an environment to undergo recuperative care upon transition to terminal phase 1 	Total 9
	(4) Support for balancing treatment and lifestyle	<ul style="list-style-type: none"> • Checking that the patient had no worries related to their life in recuperation 3 • Support for balancing treatment with daily and social lifestyle 1 • Discussions regarding lifestyle-related difficulties including financial aspects and means of transportation to the hospital 1 • Discussions regarding selection of environment to undergo recuperation after discharge 1 • Discussion regarding sleepovers and going out. 1 	Total 7
	(5) Provision of information regarding counseling	<ul style="list-style-type: none"> • Acting as a go-between with more suitable co-medical staff 2 • Providing information regarding consulting services 1 • When necessary, providing information on second opinions 1 • Arrangements for utilizing regional resources 1 	Total 5
B	(1) Clinical evaluation for continuous support	<ul style="list-style-type: none"> • Guarantee of continuous support 3 • Assessing understanding and psychological state after informed consent and making judgments regarding the continuation of intervention 1 • Continuous follow-up over the course of cancer 1 	Total 6
	(2) Confirmation of acceptance	<ul style="list-style-type: none"> • Confirmation of acceptance before and after notification of diagnosis 1 • Confirmation of understanding regarding disease and treatment 1 • Smoothing over differences in values between doctors and patients 1 	Total 3

*A: Nursing support to provide better understanding and coping methods for living with cancer.

B: Clinical evaluation for continuo.

Eleven (15.1%) had opinions regarding this subcategory. With comments such as <I want to receive specialized counseling training> and <a system for skill acquisition needs to be established because individual effort is insufficient>, the need for

education and training in cancer patient counseling for certified nurse specialists in cancer nursing was indicated.

(2) 'Necessity of continuous support'

Seven (9.6%) had opinions regarding this subcate-

gory.

Here, the issue of continuous support after informed consent and coordination with other nursing staff was raised, with comments such as <it is difficult to respond sufficiently during informed consent, and response after the patient is informed of their diagnosis and during periods of relapse is needed> and <there is a need to consider how continuous nursing with other nursing staff should be coordinated>.

(3) 'Organization of counseling content by facilities and practitioners'

Twenty-eight (38.4%) had opinions regarding this subcategory.

Here, differences in counseling systems and content according to facilities and practitioners were cited, with comments including <recruitment and standards for counseling staff vary according to facilities> and <the quality of care differs significantly according to health care professionals and facilities because the quality of content is not questioned.>

(4) 'Necessity of evaluation of the counseling effect'

Fifteen (20.5%) had opinions regarding this subcategory.

Comments such as <the current status of counseling needs to be extensively investigated in order to clarify its effects and evaluation> indicated the necessity of clarifying effects and conducting evaluation.

(5) 'Widening of knowledge and perceptions'

Nine (12.3%) had opinions regarding this subcategory.

Here, issues such as <as cancer patient counseling is not widely known, specialist staff are not being effectively utilized> and <because few people actively open up about psychological problems, the merits of undergoing counseling need to be communicated> were raised, indicating that patients and staff were not sufficiently aware of cancer patient counseling and its advantages.

(6) 'Doubts regarding the appropriateness of the term itself'

Five (6.8%) had opinions regarding this subcategory.

gory.

Opinions such as <concepts including the aims and objectives of counseling need to be shared> and <doubts regarding the suitability of the term counseling itself> were raised, pointing out the issue that no consensus existed regarding the concept of counseling itself in nursing.

Discussion

One limitation of this study was that the small sample size. Another was the problems with the sampling. If the study focused on Certified Nurse Specialists in Cancer Nursing, it would have been advisable to include all 250 nurses. However, because ours was a basic study, we were able to use a maximum of 125 subjects. In addition, to fulfill the calculation requirements for cancer patient counseling, it was necessary to include nurses who had completed study courses in cancer, psychiatric nurses and certified nurse specialists, certified nurses involved in cancer care, and those who had completed study courses in cancer care. Moreover, this study reflects only a portion of their opinions. Furthermore, it is likely that regional manpower differences exist in Japan. Therefore, this study does not clarify which trends become apparent when nurses sampled in this study and those not sampled were compared with population demographics. A third limitation is that the study only included the perceptions of certified specialist nurses and did not reflect the opinions of cancer patients and their families or doctors. Furthermore, as only two years have passed since medical remuneration for cancer patient counseling was enacted, it is still in the investigative stage.

Cancer patient counseling provided by qualified nurses working with doctors has been recognized for medical remuneration. This is an important development.

The role of nurses in cancer patient counseling is to help the patients understand and sort their feelings and to provide emotional support after discussions. This is important to enhance the quality of life of cancer patients.

However, only 43.8% facilities surveyed in this study were conducting cancer patient counseling,

and the opinions of the participants clarified the present status, i.e., the number of doctors and nurses with necessary qualifications was insufficient. Therefore, it is necessary to increase the number of personnel with relevant qualifications who can conduct cancer counseling.

Cancer patient counseling was systemized so that the patients had sufficient opportunity to discuss treatment plans in cooperation with doctors and nurses. However, the results of this study clarified the necessity not only for informed consent but also for continuous nursing support after cancer patient counseling, clarification of the concept of cancer patient counseling, and improvement of content and quality by each facility and practitioner. Furthermore, regarding the appropriateness of medical remuneration content, while cancer counseling may be conducted as many times as necessary or each time a patient's condition or treatment changes, under the current system, the patient may only receive medical remuneration for one counseling session. Therefore, if cancer counseling is to be considered a skill provided by a team of doctors and nurses, a calculating system in which medical remuneration is calculated for each session should be considered.

Nursing education in Japan presently does not include education or skill training for cancer patient counseling, and this can be considered a challenge in future. Training for the psychological assessment and care of cancer patients also needs to be included in the curriculum for nursing education in Japan. In the field of psycho-oncology, it is said that the clinician can better assess and manage the distress caused by the diagnosis and provide the most appropriate medical treatment or psychological intervention⁹⁾. Distress is said to be the sixth vital sign⁹⁾ emphasizing the need for the development of multidisciplinary curriculums for doctors, nurses, and health professionals involved in cancer treatment and clarification of standards to guarantee the quality of cancer counseling in team medicine in future education for cancer management. In addition, initiatives taken worldwide should be examined comparatively to provide a system for uninter-

rupted care in the field of cancer nursing, from diagnosis to the terminal phase.

Conclusions

The present role of nurses in counseling cancer patients involves two major interventions-nursing support to increase understanding and coping methods for living with cancer and clinical evaluation for continuous support. Content and systems used for cancer patient counseling varied according to the facility and staff member conducting the counseling, suggesting the need for quality evaluation and nurse training in future.

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がん患者カウンセリングに関する看護の役割の現状と課題—がん看護専門看護師の認識

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本研究の目的は、日本のがん患者カウンセリング料の中で行われている、がんカウンセリングの看護の現状と課題を検討することである。2011年7～10月にがん看護専門看護師125名を対象にがん患者カウンセリングの実施の有無、カウンセリングの学習経験の有無と内容、がん患者カウンセリング時の看護師の介入内容と意見についてアンケート調査を実施した。本研究は2010年7月に東京女子医科大学倫理委員会の審査の承認を受け実施した。125名中、回答者は73名、回収率は58.4%であった。がん患者カウンセリングの実施施設は73件中32件(43.8%)であった。主な介入として、がんと共に生きるための理解と対処を高める看護支援・継続支援の臨床判断の2つのカテゴリーが形成され、がん患者カウンセリングでは身体、精神、社会面の包括的支援がなされていることが明らかになった。課題について、がんカウンセリングの質保証に向けた課題のカテゴリーが形成され、6つのサブカテゴリーが形成された。本研究から、がん患者カウンセリングは各施設や実施者ごとの内容や体制にばらつきがあること、がん患者カウンセリングについての質の評価、看護師のトレーニングが必要であることが示唆された。