



quarterly newsletter of  
the international society  
of nurses in cancer care

VOLUME 16 NO 1 2004



## African nurses form society

A group of nurses have taken a historic first step towards forming a society of oncology nurses in Africa. The African Oncology Nursing Society (AONS) will increase communication among nurses across Africa and will be crucial in developing and improving cancer care in Africa.

The decision to form the society was taken by nine nurses who attended the 4th AORTIC conference (African Organization for Research and Training in Cancer) held in Ghana in early October 2003.

The aim of the AORTIC conference was to establish measures to improve research and training in cancer care in Africa by using the existing skills. There were nine nurses at the conference. Eight were from Africa, representing Ghana, Uganda, Nigeria, Zimbabwe and South Africa. The ninth was an oncology nurse from USA.

During a special session on the specific needs of nurses in Africa, those present discussed and identified that nurses in Africa need a formal structure to share knowledge and experience.

Currently nurses in Africa are expected to care for cancer patients and administer cancer treatments in their units with little or no cancer-specific training. No means of communicating exists and peer groups and support groups are non-existent.

### Common issues

Common issues were identified across the countries of Africa (some do not apply to South Africa and Egypt where services are more developed).



The nine nurses who have initiated the formation of the African Oncology Nursing Society. From left to right: Kutu Marama (Nigeria), Naomi Quartey (Ghana), Sylvie Sharpey Schaffer (South Africa), Petra Fordelmann (South Africa), Elizabeth Baku (Ghana), Eunice Garanganga (Zimbabwe), Gertrude

Some of the languages of Africa do not have a word for cancer. As a result explaining cancer and its prevention is not possible.

Financial resources are extremely limited so modern treatment is not available to most patients. In the most part only limited chemotherapy and other cancer care agents are available. Equipment is often extremely old and not well maintained.

The limited resources that do exist are often out of reach for a large percentage of the population due to limited means of transport.

Only four countries in Africa have access to morphine. Legislation was identified as the main obstacle preventing greater patient access to this drug.

Because of the limited treatment options

available, screening is not always a sensible option. Even if cancer is detected early it can often not be treated. The focus in Africa should therefore be on the prevention of cancer.

Despite this difficult situation, nurses in Africa are extremely enthusiastic and have a hunger for more information and sharing of experiences and knowledge. Some nurses now have access to the internet at their workplace.

This group discussion led to the nine nurses deciding to initiate the African Oncology Nursing Society (AONS).

The group faces a number of logistical problems in establishing such a society. Funds will be extremely difficult to raise as many nurses in Africa will only

be able to afford low membership fees. As financial opportunities for pharmaceutical companies are limited in Africa it is unlikely that they will make significant contribution to the funding of the society.

Newsletter printing and distribution will have to be explored, but mailing might be problematic in some countries. Again cost is also a factor.

Conferences and meetings are of the utmost importance but it will be challenging for nurses to find funds to attend.

But regardless of all the difficulties, the oncology nurses in Africa accept the challenge to successfully grow into a reputable society



## Power of the individual

Today I read a remarkable story about a young Canadian boy called Ryan. When Ryan was six years old he found out that people in Africa were dying from diseases that they got from contaminated water. He also learnt that to build a well cost \$70. Struck by their plight, Ryan made \$75 by doing chores around the house. But he then discovered that the labour to install the well would cost another \$2000.

Instead of being disheartened by this news Ryan kept going. He looked to his schoolmates for help and, working together, they went out into the community and raised \$700. This amount was matched by the Canadian International Development Agency and, before long, a well that would become Ryan's Well was built at a public school in Angolo in rural Uganda. Ryan is now 12 and he has continued to raise funds for wells in Africa through the Ryan's Wells Foundation. Amazingly he has raised a total of \$800,000 which has been used to build 70 wells.

The power of one. One young man who had a vision of doing something to help others. One young man who had the courage to act in a way he was able to act. One young man doing what he could. Local action that had an impact on people living in another part of the world. Action that assisted others to achieve an improved standard of living and better health.

When I read this story, I couldn't help but think about the International Society of Nurses in Cancer Care. We too have a vision of helping others, those at risk for developing cancer and those living with or affected by the disease. Through our efforts we want to see fewer people develop cancer and fewer people suffer because of it. Through our efforts we want to see nurses learning the knowledge and gaining the

skills they need to care for people confronting cancer.

If we are to accomplish these goals, ISNCC must be a strong organisation. We must be an organisation of members who are willing to be courageous and take action. With members using their knowledge and skills to further the work of ISNCC in their own settings and countries, we will be able to accomplish our goals. We can be a powerful force directing efforts to improving the quality of care cancer patient and their family members receive.

Cancer nurses around the world have tremendous capacity for action and potential to influence. Cancer nurses can use their energy and influence to change and improve patient care on the units where they work and to influence policy decisions about patient care in their agency. They can capture the attention of politicians engaged in health policy decision-making and share their knowledge with other nurses.

Mentoring other nurses, especially those who are new to the field of oncology nursing, is very important in this time of nursing shortage. We need to support one another if we are going to be able to continue providing care to patients and families. To quote Ryan, 'You can do anything you want, you just have to keep trying.'

The power of one becomes the influence of many when we act together. Through an organisation like ISNCC your individual efforts can be multiplied and extended to many corners of the world.

Join ISNCC today! Add your voice to the voices of other cancer nurses and direct your power to improving cancer care around the world!

Margaret Fitch  
President ISNCC

## South African conference

The National Oncology Nursing Society of South Africa held its 9th conference in Cape Town in November 2003. This was a joint conference held together with the Oncology Social Work Forum and the Cancer Association of South Africa.

The event was a great success with 230 delegates from different disciplines attending, giving the opportunity to discuss holistic care alongside individual presentations and discussions within professional groups.

### Robert Tiffany lectureship call for nominations

This lectureship was created to keep alive the memory of Robert Tiffany, founding member of ISNCC. His inspiration lives on through the biannual lectures, given by ambassadors within the profession of cancer nursing.

The successful nominee will be a registered nurse who has made a significant contribution to cancer practice, education, research or management at a national level, and preferably also at a regional or international level.

He or she will be expected to present a lecture of a high professional standard to an international audience at the 13th International Conference in Sydney, Australia in August 2004, plus provide a paper for the ISNCC newsletter.

For further information, please either contact the ISNCC Secretariat (secretariat@isncc.org) or visit the ISNCC website (www.isncc.org) to obtain a nomination form.

The deadline for nominations is February 28th 2004.

### EDITORIAL BOARD

#### President, International Society of Nurses in Cancer Care

Margaret Fitch  
tel: +1 416 480 5891  
fax: +1 416 217 1321  
e-mail: marg.fitch@tsrcc.on.ca

#### Central and South America

Stella Aguinaga Bialous  
tel: +1 415 476 8276  
fax: +1 415 476 0705  
e-mail: AQUINAGA@CARDIO.UCSFEDU

#### North America

Margaret Fitch  
tel: +1 416 480 5891  
fax: +1 416 217 1321  
e-mail: marg.fitch@tsrcc.on.ca

#### Far East and Australasia

Kazuko Ishihara  
tel: +81 958 83 4994  
fax: +81 958 49 7944  
e-mail: kazuko@net.nagasaki-u.ac.jp

#### Europe

Helen Porter  
tel: +44 (0) 151 604 7489  
e-mail: helenp@cootrust.co.uk

#### Africa and the Middle East

Sarah Ben-Ami  
tel: +972 3 558 0666  
fax: +972 3 558 0777  
e-mail: sbenami1@netvision.net.il

#### ISNCC Secretariat

email: secretariat@isncc.org  
tel +44 (0) 1625 669588  
fax +44 (0) 1625 610152

#### Editor

Kathryn Godfrey  
11 Chesholm Road,  
London N16 0DP, United Kingdom  
e-mail: kathryn@vangod.u-net.com  
All correspondence should be addressed to the editor.

<http://www.isncc.org>

#### Published on behalf of the International Society of Nurses in Cancer Care by:

Mediate Health Consulting Ltd,  
108 Chestergate, Macclesfield,  
Cheshire SK11 6DU, United Kingdom.  
e-mail: christine@mediate-health.co.uk

ISSN 09565175



# Nurse-led cancer services across the world

The role of the nurse in cancer care is expanding and developing. Increasingly nurses are setting up and running services for patients with cancer. In this issue of ICNN we celebrate the role of the nurse in cancer care by featuring an example of a nurse-led service from each of the five regions of ISNCC

## A nurse line insertion service in the UK

The nurse-led Vascular Access Team was established three years ago and has three members. Based at the regional haematology and oncology centre, Addenbrookes NHS Trust, it is part of the West Anglia Cancer Network (WACN). Two thousand cancer patients are treated at Addenbrookes each year.

Safe and effective venous access is an essential component of treatment. The need for a dedicated specialist intravenous (IV) service was established to reduce waiting times and improve skills. Specialist nurses are able to assess patient's veins for the best possible venous device and are experts in cannulation and the placing and removing of all central venous access devices. The team also act as a resource to staff, patients and carers ensuring continuity of care and support for all thereby standardising and improving practice.

This service has vastly improved practice. It is now a prompt service. Costs have been reduced to a minimum by avoiding anaesthetic and theatre time. Patient's venous access can be established prior to commencement of treatment and the best device for their needs discussed with them. Accumulated expertise means that potential risks are reduced with prompt recognition of complications. Furthermore the dedicated team approach to central venous cannulation reduces infection. The procedures can be performed on the ward or day units in a familiar environment. For patients with poor venous access who require intermittent peripheral cannulas the team can ensure that the patient does not endure repeated unsuccessful cannulations.

The team also provides education to all levels of nursing and medical staff in most areas of line insertion as well as all aspects of line management, venepuncture and intravenous/cytotoxic drug administration.

Standardised written information is provided ensuring continuity of care. By having a specialist team, data can also be kept on all line insertions allowing any aspects of line care to be audited. Finally, to ensure practice remains evidence-based and up to date, the team are part of a Quality Assurance steering group who meet regularly to update policies and procedures.

This nurse led service is only one of a few around the UK. I feel the holistic approach given by specialist nurses to patient's venous access benefits all. The most important benefit is improved patient care but there is also job satisfaction. We can work closely with the multi-disciplinary team both learning from them and supporting them in return. We subsequently become part of our patient's cancer journey from beginning to end of treatment, helping them through it rather than a forgotten memory of 'someone who once put my line in'.

Anne Green, IV Specialist Nurse / Deputy Apheresis Co-ordinator, Oncology/Haematology Department, Addenbrookes NHS Trust, Cambridge, UK

## A rehabilitation service for women with breast cancer in Brazil

A group of nursing teachers were unhappy with the medical model which was being applied to the care and rehabilitation of women who had had mastectomy for breast cancer. So the Nucleus for Rehabilitation to Mastectomised women (REMA) was set up in 1989.

Nurses had observed that the disease and its treatment present serious physical, mental, social and sexual problems such as: alteration of the feminine identity, low self-esteem, loss of or limited network of social support as well as physical and postural alterations.

The theoretical framework proposed for the conduction of humanised nursing care is supported on the conviction that women must be the subjects of their treatment and rehabilitation process. This requires a coordinated involvement among professionals capable of meeting care needs in all areas, a dislocation from the physician's central axis to that of a multi-professional team.

The reception team had to develop abilities to listen to the client/family by accepting the commitment to solve their healthcare problems. The relationship is based on humanitarian parameters of solidarity and citizenship. The service is directed and coordinated by nursing teachers and counts on the participation of psychologists, physiotherapists and occupational therapists.

The service is held inside the College of Nursing three days a week. Activities are aimed at physical, social and emotional rehabilitation and refer to individual sessions (psychosocial aspects, self-care guidelines, physical exercises, lymphedema treatments), collective exercises, group dynamics where the women get the opportunity to exchange their experiences and which constitute an occasion for mutual support. Home visits are made to those women who are not able to come to the service.

The nucleus' activities are linked up with human resource formation, training undergraduate students in nursing, physiotherapy, psychology, as well as graduate masters and doctoral students from all over Brazil. Special emphasis is given to the development of research in response to the real problems experienced by the women and their families.

In qualitative terms, the care rendered at the nucleus, the professional education for breast cancer rehabilitation and the research carried out about the subject have turned the institution into a national benchmark. The service members have made constant efforts to multiply this experience within the country and abroad and to exchange knowledge and experiences with other teaching, education and care institutions, always focusing on improved quality of life for women.

Professor Marli Villela Mamede  
Department of Maternal Infant and Public Health  
Nursing, Ribeirão Preto College of Nursing,  
University of São Paulo, Brazil

## From hospital to home in Canada

Interlink Community Cancer Nurses is a community based nursing service providing in-home care, counsel and support to adults, children and families living with cancer. The brainchild of two oncology nurses, Interlink seeks to improve the transition of cancer patients from hospital to home.

Interlink nurses are a link between the treatment centre and the home environment, contributing to the clinical management of the disease from diagnosis to cure or palliation. Care and attention is shown to the physical, social, emotional, practical, financial and spiritual needs of individuals and families experiencing cancer.

This year marks the 16th anniversary of the founding of Interlink which is a not-for-profit organisation. In that time, Interlink nurses have provided supportive care to over 40,000 patients and their families, explaining care management strategies, assisting with pain and symptom management and striving to minimise the distress of the disease and maintain individuals, quality of life. Acting as advocates, Interlink nurses endeavour to ensure both patients and their families have access to and receive the maximum community and government support available.

As one Interlink patient said: 'We were like people blowing in the wind and so much emotional, physical and psychological damage was done before we met with the Interlink nurse.'

Interlink is comprised of a team of six adult nurses in the Toronto area and eight paediatric nurses covering the province of Ontario. The fourteen Interlink nurses are backed by a strong organisational structure lead by an Executive Director (RN) and supported by a Development Officer, Director of Clinical Practice (RN), a Program Assistant, an Office Manager and a Financial/MIS Consultant.

Although there is one other provincial supportive oncology nursing programme in Canada, Interlink is the only such supportive care organisation to fulfil a specialised oncology role at the local and provincial level. We pride ourselves on equal access to high quality care across all socio-economic levels.

We need to think bigger and be bigger than we currently are today. There are 52,000 new diagnoses of adult cancer in Ontario annually and an increasing number of these patients are remaining in their own communities to receive care.

It is our intent to expand the adult programme by partnering with regional cancer centres across the province. There are eleven regional cancer centres across the province of Ontario and we are committed to have Interlink nurses partnering with each centre to provide supportive care in the community.

Leighanne MacKenzie, Executive Director,  
Interlink Community Cancer Nurses,  
Toronto, Canada

## A late effects clinic in Australia

It is well recognised that cancer and cancer treatments can have long-term side effects. More than one in one thousand people in most modern societies are cancer survivors. There is a need for a comprehensive and coordinated approach to monitoring the late effects of cancer treatment, and supporting the medical and psychosocial needs of survivors. Peter MacCallum Cancer Centre in Melbourne, Australia, first established a late effects clinic for survivors of cancer in 2000, the first in an adult centre in Australia. Survivors first attend the clinic either at the age of 18 years, or when disease free for cancer patients who were diagnosed as an adult, and are monitored annually throughout their adult lives. The clinic is staffed by a number of specialists including medical oncologists, haematologists, radiation oncologists, cardiologist, endocrinologist, social worker and education adviser.

The clinic has recently appointed a Clinical Nurse Coordinator (CNC) who plays a pivotal role in the late effects clinic. Core functions include:

- identifying the population of cancer survivors,
- raising health professional and public awareness,
- screening of all new patients,
- providing disease and treatment specific care based on universal late effects guidelines developed by the UKCCSG (United Kingdom Children's Cancer Study Group) and the COG (Children's Oncology Group),
- providing structured monitoring and coordination of tests, investigations and referrals to health care providers and other community agencies,
- educating survivors and their families about such factors as the risk of disease recurrence and risk of second malignancies,
- providing health promotion resources,
- educating health care providers and the community,
- participation in clinical research.

Several key initiatives of the Clinical Nurse Coordinator that are currently in development include:

- development of a 'Patient Passport', outlining cancer and treatment history, and a future care plan,
- development of a comprehensive education/advisory programme, comprising of seven modules: education and employment, legal information, financial information, sexual health, health and fitness, nutrition and diet and personal development,
- development of a survivorship manual,
- establishment of a library.

Cancer survivorship has become a significant public health issue. The pivotal role of the Clinical Nurse Coordinator ensures that the central focus, the survivor and family, receives comprehensive medical and psychosocial care. Natalie Grapsas, Late Effects Clinical Nurse Coordinator, Peter MacCallum Cancer Centre, Melbourne, Australia

## A vision of caring for children in Israel

About 350 children are diagnosed with cancer every year in Israel. We are one of the seven centres in Israel that treat children with cancer. National protocols exist for the treatment of leukemia, neuroblastoma and Wilms tumour. Treatment of a child with cancer is a work of a multi-disciplinary team.

The nursing staff represents the pillar of the team due to the prolonged and ongoing contact with the patient and his family. This can sometimes extend into years including the long period of follow-up after the end of therapy or the contact that is maintained following the death of a child. At our centre the staff consists of 50 nurses, 35 of whom have an academic degree. More than half the nurses have taken a special advance course in oncology, pediatric intensive care and epidemiology.

It is clear today to every caregiver of childhood cancer that therapy is not the sole objective. Alongside treatment, there must be a good quality of life for the young patient and his family throughout therapy and at its conclusion. Attention must be paid to the normal development of the child, including the cognitive, emotional and social aspects. Children who are sick today must be healthy young adults in the future.

Our vision is to provide comprehensive and quality treatment to the patient and his family while respecting their honour and that of their family during every stage of the illness. In order to attain this vision, several professional and emotional aspects must accompany treatment, without which the vision will not be achieved. They include love, compassion and understanding. Compassion is needed, not pity, because with compassion it is possible to continue treatment towards a positive recovery. We need to understand them at their level. A child is not a small adult so we need to try sometimes to put ourselves in their place in order to understand them in their difficult moments of anger and frustration.

Caring and partnership is necessary. We need to be there for them, because we are the people who share their special moments, both good and bad alike. Another aspect is modesty, to be with them throughout their long ordeal and every time to learn from them anew, and appreciate their struggle, adaptation and functioning during their experience when the disease threatens their child's life, from their smiles and from the security that they grant him.

The most difficult time in our work is the moment of farewell from a child who has died and his family. But when the family at the height of their grief says thank-you, we know that the greater part of our vision has been attained.

Ilana Buchval,  
Nursing Coordinator, Hemato-oncology,  
Schneider Children's Medical Center of Israel,  
Israel

# Virtual cancer care

Welcome to ICNN's new regular column, **Virtual cancer care**, which will review and critique cancer websites. In this first extended column Robert Becker introduces us to the world of the internet before looking at four useful websites

Welcome to Virtual Cancer Care. Can you sort out your domain from your download and is your cookie accessible? No, it's not a new biscuit or cancer treatment, just an example of the kind of confusing jargon that can put any of us off using the internet.

There are estimated to be many millions of internet sites globally. As an information resource it is fast becoming the chosen medium for many people. Health-related sites are very popular and constitute some of the most searched for web sites around the world. Several thousand of these are directly related to cancer. Successfully finding your way to one can be a time-consuming and frustrating exercise, unless someone points you in the right direction.

Using the internet is a little like trying to find a book in a library when blindfold, so that is where this new column fits in. The aim of Virtual Cancer Care is to keep you informed of some of the more professional and interesting sites.

## Key features

There are a number of key features on any web site which contribute to its success. I will provide a review for readers based on the following simple principles:

- ease of navigation — how easy is it to find what I want?
- quality of content — is there enough detail for my needs?
- downloads available — can I get articles or documents in full from the site sent to my computer so that I can save them for future use?
- registration — do I need to give them my email address and name in order to get information?

There is really no need to attend a formal course of instruction in order to use the internet. Most of the basic commands can be picked up fairly quickly and with practise you will find yourself surfing extensively in no time. It is rather like driving a car; you don't need to understand the four-stroke cycle of the engine to be able to get the vehicle moving.

If you are a raw novice, however it can be daunting so here are a few of the tutorials that you can access on how to use the internet to get you started.

<http://www.microsoft.com/insider/guide/intro.asp>  
<http://www.learnthenet.com/english/index.html>  
<http://www.webteacher.org/windows.html>  
<http://library.albany.edu/internet/>  
<http://www.bbc.co.uk/webwise/basics>  
<http://www.teachingideas.co.uk/welcome/>

Each edition of this column will have a slightly different focus, but to start us off here are a small selection of the better cancer web sites out there

## Cancer Bacup

<http://www.cancerbacup.org.uk/>

This UK site is huge and is without doubt one of the best available for cancer information. The home page is clearly laid out with one-click links available to easily read text on a huge range of cancers. The information provided on this site is based around a series of excellent booklets produced by BACUP.

The site also provides its own search facility, a useful Question and Answer area, and a comprehensive page on Resources and Support which gives links for everything from help with holidays and hair loss to audio tapes and videos. Health professionals are also catered for with a section containing multiple links to cancer journals and web sites.

There is no registration for this site and it's very easy to navigate around with no great delay in pages appearing.

## Oncolink

<http://oncolink.upenn.edu/disease/>

This US site has a vast amount of information available on many different cancers and is suitable for both professionals and patients alike. There is information about research, book reviews, stories from cancer sufferers, and multiple links to other sites if desired.

The site also has its own search engine, which basically means that if you can't find something you type in your query, eg *child cancers*, click on search and it will find the information for you. Perhaps one of the most useful sections is the one which poses Frequently Asked Questions. The list is extensive and the responses carefully thought out.

## Cancernet

<http://www.cancernet.co.uk/>

This site presents the user with a bright and simple home page with large, clear links to all the major issues regarding cancer. The information is simply laid out and contains considerably more technical data than other comparable sites. Thankfully this does not detract from its usefulness and patients will find it informative without being over-complex, whilst health profes-

sionals will find the detail particularly helpful.

There is no need to register on this site and it is easy to navigate via the large links on the home page, which in fact render the search engine somewhat redundant. One of the most interesting features is the video, which is available to view on line in either English or Italian. Despite the fact that it is some 23 minutes long it only takes moments to download and start, without the need for fast and expensive connections. If you do not have the relevant media viewers available on your PC then you are sure to be prompted and given a link to another website where you can download one, usually free of charge.

## Cancer help UK

<http://www.cancerhelp.org.uk/default.asp>

This excellent site has been put together by Cancer Research UK and is written in a manner which is chatty and highly informative without being patronising. There is everything available here that a cancer sufferer, relative, or just interested person could wish for to help them understand the nature of cancer and its treatment. Getting around the site is easily done with one-click links to each section and no complex graphics to slow down the loading of pages.

To its credit this part of the site does not shy away from tackling the most sensitive and difficult questions that are often worried about, but perhaps not asked of professionals due to embarrassment. Areas such as how you feel, who you can talk to, sexuality, talking to children and even mortgages, pensions and insurance. There is also a very readable area called Your Contributions which is a collection of short narratives written by people who have themselves been treated for cancer. Their insights and advice are insightful, realistic and at times inspirational.

The site is regularly updated with the latest information as it becomes available and there is no need to register with user names and passwords. A considerable amount of care and attention to detail has gone into the construction of this site. A team of experienced cancer nurses are available to answer specific questions in confidence via emails.

*Robert Becker, Macmillan Senior Lecturer in Palliative Care, Staffordshire University School of Health and Shropshire and Mid Wales Hospice*

# Conference diary

Patsy Yates updates us on preparations for the 13th International Conference

We've made a lot of progress since I wrote the conference diary for the last issue of ICNN. After several months of planning and negotiating, we have just signed off the page proofs for the Second Conference Announcement Brochure. A very significant milestone! The announcement includes details about all of the plenary sessions and most of the invited speakers for the conference. The enormous scope of a programme such as this and the extensive list of expert cancer nurses who have agreed to present at the Sydney Conference are really most impressive. Please do keep an eye out for the Second Announcement. If you don't receive a copy soon, please check out the ISNCC website for more details: [www.isncc.org](http://www.isncc.org)

Equally impressive have been the efforts of the abstract review committee. We received close to 450 abstracts for the conference. Our abstract review committee is

made up of a group of 24 clinicians, researchers, educators and managers in cancer care coming from many different countries. Each of the abstracts submitted was rated by at least three committee members. After the reviewer's scores had been collated, a small group of us got together for a full day of sorting podium and poster abstracts into topics and themes. We had bits of paper and notes everywhere, but after much considered thought and some good debate, we managed to come up with what we hope will be an exciting programme of concurrent sessions and poster presentations. I think the poster abstracts in particular describe some very innovative practices and some very interesting research findings.

Our conference is receiving a great deal of interest from exhibitors and trade sponsors. There should be a number of interest-

ing additional educational sessions on offer during lunch time sessions, and the trade exhibition is going to be very big indeed.

I am also pleased to report that the Local Arrangement Committee chaired by Keith Cox has decided on a fabulous venue for the Gala Dinner. The dinner will be held at Sydney Convention Centre, overlooking beautiful Darling Harbour. The Committee is now working on the important tasks of selecting a delicious menu and finding great entertainment for the evening. I'll let you know more about these social events in the coming months, as I expect that at the end of a busy conference we will all be ready to put our dancing shoes on.

*Patsy Yates, Associate Professor, Director of Research, Centre for Palliative Care Research and Education, School of Nursing, Queensland University of Technology, Australia*

## EDUCATION COLUMN

### Development of a credentialling framework for nursing

Peter MacCallum Cancer Centre (Peter Mac) in Melbourne, Australia, like other oncology facilities around the world, is facing a rising demand for accountability in the provision of safe and efficient service. One available risk-management strategy is the establishment and maintenance of processes that credential or verify the knowledge and skills of health care employees.

Within the Peter Mac Nursing Service, these processes form an essential part of recruitment and performance management measures. Employment requires that nurses in the Australian 2-tier system be registered with their State Nurses Board. Credentialling of nurses post-registration calls for appropriate employment selection criteria, training and development programmes, as well as a culture that promotes and facilitates access to these programmes. At the instigation of the Nursing Advisory Council in 2003, a credentialling framework in nursing was developed to articulate these processes, provide guidance for professional nursing development and offer transparency to the consumer.

A definition from the International Council of Nurses (ICN) describes credentialling as 'processes used to designate that an individual, programme, institution or product have met established standards', and 'marks' or 'stamps' of quality and achievement communicating to employers, payers, and consumers what to expect from a 'credentialled' nurse, specialist, course or programme of study, institution of higher

education, hospital or health service, or healthcare product, technology, or device (International Council of Nurses (2002)).

Credentialling then refers not only to the validation of formal qualifications, but also the verification of knowledge and clinical skills acquired through relevant education and training and clinical skill-based competency assessment programmes, and the provision of these programmes themselves.

Thus the framework distinguishes three approaches to credentialling. Pre-appointment credentialling where rigorous processes ensure best fit with the organisation's needs; post-appointment credentialling where nurses are educated and assessed on knowledge and skills at levels that range from Graduate to Internship to Postgraduate studies; and post-appointment credentialling through a continuing education and competency-based skills programme.

The relationships between the facilitators, educators, clinical leaders and mentors, managers, and nursing executive, is key to the promotion and facilitation of all credentialling processes.

The formal education and training programme, comprising three annual courses, together with the continuing education and skill development programmes, offer opportunities for the further development of nurses and to date over 80% of the 267 post registration qualifications identified by 264 nurses, represent tertiary level awards. The Graduate Nurse Programme accommodates entry for the newly-regis-

tered nurse, while the Internship Programme affords nurses, new to the field of oncology nursing, a structured programme. Finally the Postgraduate Studies Programme provides access to Graduate Certificate, Graduate Diploma and Masters in Cancer Nursing courses.

The Continuing Education Programme comprises a range of cancer-nursing related seminars and workshops, 87% of which are conducted as one day seminars.

Mandatory competencies are identified and developed by practice development nurses in conjunction with the Nursing Practice and Research Committee. Successful completion rates are tracked and recorded as Key Performance Indicators for the Nursing Service and reported to Nursing Executive and the Quality Committee six monthly. The overall goal is to provide programmes that respond to the need for knowledge and skill, meet current demands for evidence of competence, and address the performance gap of nurses who enter the organisation, and of existing staff requiring re-credentialling or credentialling.

*Denise Spencer, Manager, Education Centre, Peter MacCallum Cancer Centre, Melbourne, Australia*

## Reference

International Council of Nurses (2002). Registry of Credentialling Research: Definitions/Glossary (2001 ICN Credentialling Framework). International Council of Nurses. 2003. <http://www.icn.ch/rer/glossary.htm>

## Developing culturally sensitive approaches in conducting research

Many studies exclude people who do not speak English, while others have been designed in such a way that cultural diversity is not facilitated. This exclusionary process results in samples that are not representative of the population from which they are drawn or to which the findings will be applied (Summers et al 1997, Homer 2000 and Frayne et al, 1996).

People who have limited English proficiency need to have their participation in research facilitated. Culturally diverse representation in studies can be achieved, however, professional interpreters are needed, adequately translated materials are required, and input from the community ensures that methods are culturally appropriate.

Those with limited proficiency in English need to be assisted to become full participants with full understanding of what is being asked of them. Any research instruments that are used in a study need to have their meaning clear and to be administered in a culturally appropriate manner. When research instruments have not been translated correctly, misleading and perhaps erroneous findings can result. This was illustrated in Berkanovic's (1980) study. The study revealed that Hispanics interviewed in Spanish responded differently to some items on an instrument than Hispanics interviewed in English.

Culturally sensitive assessment instruments are needed, but many challenges exist in obtaining valid and reliable measurement. Translating questionnaires for cross-cultural research is fraught with methodological pitfalls related to colloquial phrases, jargon, idiomatic expressions, word clarity, and word meanings. It cannot be assumed that a particular concept has the same relevance across cultures. Simply translating an English version word-for-word into another language is not adequate to account for linguistic and cultural differences. Ideally, the perspectives of people from the culture about the concept of inter-

est should be studied first, but a practical alternative is often to find and translate a tool developed in another culture (Hilton 2002). This study describes important considerations when conducting translation for equivalence, strategies to translate instruments that promote equivalence, and how to test translated versions for equivalence. They used the translation of Hilton's Uncertainty Stress Scale to illustrate the process (Hilton 1994). The preferred back-translation approach is a multi-stage procedure to use when developing instruments. The first translator works independently to produce a translated version. A second translator translates the translated version back into the original language. If the original and back-translated versions are identical, the translated version is likely equivalent in meaning. Although the back-translation approach is ideal, many instruments in current use have not gone through such scrutiny in their development. The findings from studies that have used such instruments may need to be questioned.

Other study procedures also need to be sensitive to the ways of the people involved. Brooks and colleagues (2000) tried to develop acceptable data collection methods in their study of ethnic minority groups. They translated their survey questionnaire into Urdu and Punjabi and, because they recognised that some patients might be unable to read, they employed two additional data collection methods to overcome that difficulty. The questions were recorded on an audio cassette and a data collector was employed who was fluent in both languages. They found that audio-recording was not an acceptable way to collect data with this sample. Although some patients were keen to listen to the taped questions, after listening to the instruction to record their answers on a separate machine, they refused to do so. Perhaps they may have been concerned that they could be identified by their voice and perhaps this method was viewed as

creating a more permanent record than the other two methods employed (questionnaire and interview).

As reported by several authors (Lipson et al 1989, DeSantis 1990 and Berg 1999) people may not feel comfortable with the research process and have distrust and fears related to confidentiality.

Without addressing some of the issues related to representation of people with language barriers, the representativeness of study findings is highly questioned. It is possible for studies to incorporate culturally sensitive methods and when they do, the findings will be more useful in increasing our understanding of how people from many cultures respond to their situations and how they respond to different treatment modalities.

*Ann Hilton, Professor, University of British Columbia, Canada*

### References

- Berg J A (1999) Gaining access to under-research populations in women's health research. *Health Care for Women International*, 20(3), 237-243.
- Berkanovic E (1980) The effect of inadequate language translation of Hispanic's responses to health surveys. *American Journal of Public Health*, 70(12), 1273-1275.
- Brooks N, Magee P, Bhatti G, Briggs C, Buckley S, Guthrie S, Moltesen H, Moore C, Murray S (2000) Asian patients' perspective on the communication facilities provided in a large inner city hospital. *Journal of Clinical Nursing*, 9, 706-712.
- DeSantis L (1990) Fieldwork with undocumented aliens and other populations at risk. *Western Journal of Nursing Research*, 12(3), 359-372.
- Frayne S M, Burns R B, Hardt E J, Rosen A K, Moskowitz M A (1996) The exclusion of non-English-speaking persons from research. *Journal of General Internal Medicine*, 11, 39-43.
- Hilton A, Skrutkowski M (2002) Translating instruments into other languages. Development and testing processes. *Cancer Nursing*, 25(1) 1-7.
- Hilton B A (1994) The Uncertainty Stress Scale — Its development and psychometric properties. *Canadian Journal of Nursing Research*, 26(3), 15-30.
- Homer C (2000) Incorporating cultural diversity in randomised controlled trials in midwifery. *Midwifery* 16, 252-259.
- Lipson J, Meleis A (1989) Methodological issues in research with immigrants. *Medical Anthropology*, 12, 103-115.
- Summers A, McKeown K, Lord J, et al (1997) Different women, different views. *British Journal of Midwifery*, 5(1),46-50.

## CALENDAR OF EVENTS

**The 4th European Breast Cancer Conference** will take place in Hamburg, Germany, 16-20 March 2004. *For information contact:* FECS Conference Unit, Avenue E Mounier 83, B-1200 Brussels, Belgium; fax: 32 2 775 0200; e-mail: EBCC-4@fecsc.be

**The 4th EONS Spring Convention** will take place in Edinburgh, UK, 15-17 April

2004. *For information contact:* FECS Conference Unit, Avenue E Mounier 83, B-1200 Brussels, Belgium; fax: 32 2 775 0200; e-mail: info@fecsc.be

**The 29th Annual Congress of the Oncology Nursing Society** will take place in Anaheim, CA, USA, 29 April-May 2, 2004. *For information contact:* ONS, 501

Holiday Drive, Pittsburgh, PA 15220, USA; tel: 412-859-6100

**The 13th International Conference on Cancer Nursing** will take place in Sydney, Australia, 8-12th August 2004. *For information contact:* ISNCC conference office, tel: 44 116 270 3309, fax 116 270 3673, email: conference@isncc.org