



Discover the leader in you!

The International Society of Nurses in Cancer Care is launching an exciting new learning opportunity for cancer nurses.

The ISNCC Institute of Leadership has been developed to bring international cancer nursing leaders together to work with attendees in an in-depth, interactive way and enhance their leadership skills.

Making a difference and influencing change requires leadership. So often the idea of leadership is associated with only formal positions in organisations. But leadership comes in many forms and can be realised in the many types of roles cancer nurses may hold. Whether one is caring for an individual patient, teaching other nurses, leading a policy change or advocating the honouring of a patient's wishes, leadership is needed.

The ISNCC Institute for Leadership will be held in each of the ISNCC regions. During the two and a half days of the institute, participants will be challenged by a variety of learning opportunities.

Plenary speakers, individual and group learning situations and pre/post session assessments will help the attendees to gain insight into their own leadership style. They will be able to identify ways of building on their strengths and compensating for their weaknesses in their individual leadership approaches.

Participants will have ample opportunity

to meet other colleagues, to network and learn from one another, and to share innovative solutions for challenges they face in common.

Attendees will leave the institute with new insight about how they can personally be a more effective leader in their current and future roles. They will be equipped with a personal accountability plan and a mentor, who they can consult with when they put their plan into action.

The Institute of Leadership will offer individual attendees learning on a personal level. They will see role models in action and be able to experiment with tools for self and group assessment of leadership skills. They will have the opportunity to utilise newly-learned skills in case studies based on the challenges they are facing.

In addition, the institute will offer the community of cancer nurses in a geographical area the opportunity to enhance capacity for effective leadership at local and regional levels.

Institutions or agencies can use the institute as a way to introduce several nurses with strong potential for leadership to new ideas and skill development. Attending the institute could be seen as an incentive or as a visible acknowledgement of a nurse's high performance and potential. Oncology nursing societies could sponsor members to attend with the idea of preparing future group leaders. The next generation of professional society leaders must

be encouraged and prepared now for future activities.

Ultimately, leadership is about influencing change. It is about making a difference in one's working environment. Cancer nurses need to feel empowered to take an active role within their sphere of influence. Cancer nurses need to be speaking out and giving voice to their ideas and suggestions about change in ways that are heard.

The ISNCC Institute for Leadership is designed to help cancer nurses be successful leaders in today's complex health care environment. It is designed to help attendees tap into their leadership potential for positive results. It will be a time to make *continues on page 7*

Institute highlights

- Dynamic, inspiring speakers
- Lively, interactive sessions on must-know topics
- Tips, tools and techniques
- Great networking opportunities
- Innovative solutions and ideas
- Laughter, learning and fun
- Re-energise, renew, and recharge

Counterfeits kill



Nurses for patient safety: targeting counterfeit and substandard medicines is the ICN theme for this year's international nurses' day on 12th May.

Counterfeit medicines make up more than 10% of the global medicines available in the market.

The World Health Organization estimates that up to 25% of the medicines used in developing countries are counterfeit or substandard.

Leadership opportunities

Health care systems around the world are undergoing reform and restructuring as they try to meet the mounting health care needs of their countries' people. Governments are calling for reductions in costs despite the escalating challenges of health care: infectious diseases and maternal/infant mortality in developing countries; ageing populations and chronic illnesses in developed countries; and dramatic predictions of shortages in well educated health care professionals worldwide. The need for strong, committed leadership is clear.

Cancer care is not exempt from these challenges. Cancer and cardiovascular diseases are the leading causes of death in developed countries while cancer is the cause of growing concern in all countries. Currently there are more than 10 million people diagnosed annually with cancer around the world. There will be 15 million new cases each year by 2020. In countries without formal screening programmes, the diagnosis of cancer is often made at a late stage, by which time the disease is widespread and the course of treatment is frequently palliative from the point of diagnosis.

Detection

Even in countries with screening programmes, major challenges exist regarding early detection. Throughout the world, efforts continue to be needed regarding prevention of cancer and the promotion of healthy lifestyles. The evidence is clear — tobacco use is a cause of cancer. The evidence is growing about obesity as a risk factor for cancer and the beneficial effects of exercise.

Given these many challenges, there are numerous opportunities for cancer nurses to provide leadership. Nurses care for family members in many settings — hospital, clinic, community, home. Although the

actual scope of nursing practice and specific roles around the world vary, there is a central aim that all nurses share, the aim of helping patients and families manage their lives in the face of health-related concerns.

Cancer nurses see patients at their best and at their worst. They see the patients struggle living with cancer and dying from it. They see family members struggle as they try to support the person with cancer while coping with their own emotions. Cancer nurses see the issues and the crises, living through them with their patients. But they often see the solutions and the pathways to provide help. They make a difference in the lives of their patients.

Forms of leadership

Making a difference in the lives of patients involves leadership. So often the idea of leadership is associated only with formal positions at the head of organisations or departments. But leadership comes in many forms. Leadership is about influencing others, guiding others, setting a course of action, being the first to do something, going ahead, or showing others how to do something. If we look at leadership in this was we can see that every cancer nurse has the potential to be a leader.

As the reform and restructuring happens within our health care systems we are faced with increasing demands on our time. In these circumstances it will be more challenging than ever to be effective leaders. It will take innovation and creativity on our parts to provide quality cancer nursing care. The newly developed ISNCC Institute of Leadership has been created to give cancer nurses an opportunity to build their leadership skills. I do hope you will take advantage of the Institute of Leadership when it is held near you!

Margaret Fitch
President ISNCC

Smoking ban

Queensland is the first Australian state to introduce smoke-free public places following a long-term campaign by the Queensland Cancer Fund. Under new laws passed at the end of last year, a total smoking ban will come into force in pubs, clubs and casinos from July 1st 2006.

Framework ratified

The Framework Convention on Tobacco Control came into force in February. The global anti-smoking pact was approved by 192 member states of the World Health Organisation in May 2003. It now becomes law but will only carry legal weight in those countries that have ratified it. The framework requires countries to carry out a range of measures within five years including banning advertising, promotion and sponsorship of tobacco products, .

Alternative health

A third of cancer patients in Europe use alternative medicines. Levels of use varies from 15 per cent of patients in Greece to nearly three-quarters in Italy, according to the first Europe-wide study of complementary and alternative therapies. Herbs, medicinal teas, homeopathy, and vitamin and mineral supplements were the most used treatments. *Annals of Oncology Advance Access*, February 2, 2005

Blood clot risk

Cancer increases the risk of developing a venous thrombosis sevenfold, particularly in recently diagnosed patients, patients with metastases and those with certain genetic mutations, according to new research. Patients with cancers of the blood system had the highest increased risk followed by patients with lung cancer and gastrointestinal cancer. *JAMA* 2005;293:715-722.

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

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ISSN 09565175



Oncology nursing in Latin America

This paper, presented at the 13th International Conference on Cancer Nursing in Sydney 2004, provides an overview of the current situation of nursing in Latin America and its influence on oncology nursing as a speciality

Oncology nursing in Latin America can not be treated as an isolated actor dissociated from the nursing profession as a whole and from the social and political context in the region. Oncology nursing in Latin America is challenged not only by the ongoing changes in the health system but also by the diversity of its population. Latin America includes seventeen countries, eight in Central America and 10 in South America, each with a broad and diverse group of people with different origins and backgrounds.

Epidemiology

Latin-American countries are experiencing growing levels of cancer incidence and mortality. As living conditions improve and life span increases the number of communicable diseases falls and the incidence of non-communicable diseases rises. If the current trend continues it is estimated that by the year 2020 nearly one million people in Latin America and the Caribbean will die of cancer (WHO, 1996).

Health systems in crisis

The health care reforms under way in many countries in the region are having a negative impact on public health. Health systems are in crisis due to new economic models that favour the market and private gain (Pan American Health Organization, 2001).

A multicentre study on health reform and its implications for practice, regulation,

and education in nursing was conducted in five countries — Argentina, Brazil, Colombia, Mexico, and the United States.

This study described important aspects of nursing care affected by the health care reform such as: poor working conditions, the loss of job security, worker dissatisfaction, and an increase in civil law suits (Pan American Health Organization, 1999).

The study also found that reforms have also generated a higher demand for services due to the accumulated social deficit in health care. The result has been less time available for each consultation, fewer resources to provide services, and higher demand for technical expertise.

Nursing shortages

Many countries in the region are still facing a nursing shortage. In most of the Latin-American countries the shortage of nursing personnel is solved by hiring staff without specialist training and providing in-service training programmes at hospital and community level.

Data published in 1994 by the Pan American Health Organization showed that although the number of professional nurses and nursing auxiliaries has increased, the nurse/population ratio has not improved enough to meet the needs of the community. Table 1 shows two basic variables: nursing care coverage (the number of nurses per 10,000 population) and skill mix balance

(the number of professional nurses per total nursing population) (Pan American Health Organization, 1994).

Countries with a low proportion of nursing personnel/population and low skill mix (<0.45) could be considered critical in terms of availability and quality of nursing care. It is important to note that other variables should be taken into account and could alter this initial picture for individual countries.

Nursing specialisation

Post-basic nursing programmes were only developed in Latin America after the 1960s. This development coincided with the integration of nursing education into the universities throughout most of the region in the course of this decade.

An analysis of graduate nursing programmes in Latin America provides an overview of graduate nursing education at 24 universities in Chile, Colombia, Ecuador, Mexico, Panama, Peru, and Venezuela. A quantitative and qualitative questionnaire survey was carried out between 1992 and 1993. Wright's critical-holistic model was used to analyse the data.

The study showed that graduate nursing education is not yet organised as a national system, and that specialisation programmes are better developed than master's degree programmes. The study found absence of complete and up-to-date information systems in schools and universities. It also found that there were no national and regional accreditation systems for programmes. Most of the programmes do not receive financial support from official agencies, and their scientific output is low (Wright & Garzon, 1999).

Nursing leadership

The level of nurse involvement in leadership and management positions varies across the region. Some countries, including Panama, Costa Rica, Cuba and Venezuela, have reported significant participation by nurses at decision-making levels. For the most part nurses in high level positions are part of technical teams for health planning and development or other specific areas of expertise such as epidemiological surveillance, control of chronic diseases and disaster management (Pan American Health Organization, 1999). For example, in 1996, an oncology nurse participated in the development of the proposal for a National Cancer Control Program in Colombia.

Table 1: total nursing personnel and nursing skill mix region of Americas, 1992

Number of nursing personnel / 10,000 population	Nursing skill mix Professional nurse / total nursing population		
	< 0.45	0.45-0.65	>0.65
Low < 20	Belize Bolivia Colombia Dominican Republic Ecuador Guatemala Guyana Honduras Haiti	Paraguay El Salvador Jamaica Mexico Uruguay	
Medium 20-40	Argentina Brazil Chile Panama Peru Venezuela	Costa Rica St. Lucia St. Vincent Trinidad & Tobago Turks & Caicos	
High > 40		Anguilla Antigua Barbados British Virgin Islands Martinique	Bahamas Bermuda Canada Cuba Guadalupe Montserrat USA

from *Health conditions in the Americas* Pan American Health Organization, 1994

Latin American oncology nursing

The literature offers almost no information about the situation of oncology nursing in Latin America. Most documents about nursing in Latin America have focused on mental health, midwifery and primary health care. Because of this, a survey was made of a group of 35 oncology nurses and nurse educators in different countries in Latin America including Brazil, Colombia, Cuba, Chile, Mexico, Panama, Peru, and Uruguay.

The survey had a 43% response rate (15 out of 35). The survey included a total of six questions as follows:

- How many schools of nursing are there in your country?
- How many oncology nursing graduate programmes are there?
- How many continuing education programmes in oncology nursing are there in your country?
- Do you have a national oncology nursing association?
- Do you have an oncology nursing publication?
- What are the major developments in oncology nursing in your country?

Responses are summarised in Table 2.

Regarding the first question, Brazil and Mexico have the largest number of schools of nursing in their countries with 232 and 500 respectively. In Mexico 80 out of 500 are schools at university — the rest are technical schools.

Regarding the second question, Brazil, Colombia, Panama and Mexico have one oncology nursing graduate programme. Chile has two oncology nursing graduate programmes, one is for adult oncology and the other is for paediatric oncology.

Regarding the third question, all countries have continuing education oncology nursing programmes. In Brazil, there are 4 in Sao Paulo. There is no information on how many there are in the rest of the country. In Colombia there are two, one organised by the Colombian Association of Oncology Nursing and the other organised by the National Cancer Institute.

In Cuba, there are at least 6 continuing education programmes which cover a variety of topics such as oncology nursing in the community, basic course on oncology nursing, chemotherapy, radiation therapy, and palliative care.

Brazil, Colombia and Uruguay have an oncology nursing association. In Cuba, the association is part of the national nursing association.

Uruguay is the only country that has an oncology nursing journal. Colombia has an oncology nursing newsletter which is published twice a year by the Colombian Association of Oncology Nursing. Brazil has an oncology medical journal which also publishes oncology nursing articles. Cuba and Panama have general nursing journals which publish oncology nursing articles.

Nurses responses to the question of the main developments in oncology nursing in their countries are summarised below.

Brazil

Major developments include:

- Participation of oncology nurses in rehabilitation in cancer patients.
- An increase in oncology nursing research.
- Including oncology nursing as part of the BSN programmes.
- Participation of oncology nurses in cancer prevention and early detection.
- Oncology nurses now play a key role in the implementation of palliative care units in hospitals.

Colombia

Major developments include:

- Development of an oncology nursing programme at the graduate level. This in turn has improved the quality of cancer care in the country. So far, 99 oncology nurses have completed the programme (93 from Colombia, 5 from Ecuador and 1 from Panama).
- Development of continuing education programmes by the Colombian Association of Oncology Nursing.

- Implementation of basic oncology nursing programmes to motivate nursing students and professionals to go back to school to get specialised training in oncology nursing.
- An increased recognition of the role played by the specialised oncology nurse in the quality of care provided by hospitals throughout the country.

Cuba

Major developments include:

- Improvement of oncology nursing education by the creation of a 'claustró', a study group of teachers dedicated to cancer nursing.
- The development of oncology nursing scientific events (4 each year).
- Participation of oncology nurses in the National Oncology Congress held every two years.

Panama

Major developments include:

- The development of an oncology nursing graduate programme.
- The implementation of a model of nursing care in palliative care.

Uruguay

Major developments include:

- A significant initiative focused on keeping nurses motivated and the oncology nursing association running despite poor pay and conditions.
- The publication of *Cronicas*, an oncology nursing journal.
- Development of oncology nursing continuing education programmes by the oncology nursing association.

Conclusion

Oncology nursing in Latin America continues to overcome the challenges of a region experiencing ongoing economic changes and socio-political conflicts. Oncology nurses have been able to make the best use of limited resources in order to provide high quality of cancer care.

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country	schools of nursing	oncology graduate programme	continuing education programmes	oncology society	oncology publication
Brazil	232	1	4 (city)	Brazilian A.	cancer journal
Colombia	41	1	2	AEOC	newsletter
Cuba	21	0	6	national oncology	nursing journal
Chile	51	2	yes		
Mexico	500	1	yes		
Panama	2	1	yes		nursing journal
Peru	47	0	yes		
Uruguay	1	0	3	AUDEHO	<i>Cronicas</i>

Global nursing shortage affects outcomes

Care outcomes are being affected by shortages in the global nursing workforce, according to a report by the International Council of Nurses (ICN).

The detailed investigation shows that supply of nurses in many countries, both low-income and high-income, is failing to keep pace with increasing demand.

This report focuses on one of the most critical parts of the health workforce — nurses — the ‘front line’ staff in most health systems. Their contribution is recognised as essential to meeting development goals and to delivering safe and effective care.

The global analysis aims to identify the policy and practice issues and solutions that should be considered by governments, international agencies, employers and professional associations when addressing the supply and utilisation of nurses.

The reported nurse:population ratio varies in different countries from less than 10 nurses per 100,000 population to more

than 1,000 nurses per 100,000, a variation of more than one hundredfold.

The average nurse:population ratio in high-income countries is almost eight times greater than in low-income countries.

Many countries, particularly in Africa, Asia and Central/South America, are struggling to provide a minimum level of nurse staffing. One recent estimate is that sub-Saharan African countries would need an extra 600,000 nurses in order to meet the millennium development goals.

There is often a maldistribution of available nurses, with rural areas in developing countries the most underserved areas.

“Nursing shortages are not just a ‘problem for nursing’,” said Christine Hancock, ICN president. “They are a health system problem, which undermines health system effectiveness and requires health system solutions. Without effective and sustained interventions, global nursing shortages will persist, undermining attempts to improve

care outcomes and the health of nations.”

Migration and international recruitment of nurses have become more common in the last few years. The impact of out-migration of nurses on developing countries is severe. They lose scarce and expensive resources. Levels and quality of care are suffering. Many of the nurse recruits who cross national borders are relatively young and skilled. Similar problems can be created by internal migration, where nurses take their skills into other types of employment.

The report is the first result of ICN’s programme of work examining the crucial issue of global nursing shortages. It will be complemented by a series of issue-based papers examining specific global and regional aspects of the nursing workforce in more detail. Together, these reports will inform a high level meeting addressing solutions to the challenges facing nurses worldwide.

The report can be found on the ICN website at: <http://www.icn.ch/global/shortage.pdf>

VIRTUAL CANCER CARE

Lung cancer

Across the world the incidence of lung cancer continues to rise each year along with the mortality rate, despite the best efforts of western governments to curb tobacco consumption. There is no doubt that it will remain a major killer in the years to come. So it is all the more important that patients, families and health professionals can access the best information possible to help them deal with the complex issues of prevention, treatment and support. This issue we will highlight a small selection of the best websites out there that try to do just this.

Focus on lung cancer

<http://www.lungcancer.org/>

This American site sets out to be a comprehensive resource for all the main issues related to lung cancer. Its strength for the health professional is that it has a dedicated area for their needs, which includes very useful downloadable powerpoint presentations, information on clinical trials, and a well laid out section covering everything from prevention and screening through to survivorship and palliative care. For patients and caregivers there is well laid out and easily accessible information with some interesting graphics and even an interactive ‘myths and facts’ quiz.

The more complex areas of the site such as the discussion forums, the web casts and the telephone education workshops require a high specification on your computer and are not so reliable to access. But this is a small niggle in what is an interesting web-

site that is sensitively laid out, and contains a wealth of useful information.

The Roy Castle lung cancer foundation

<http://www.roycastle.org/>

Roy Castle was a popular UK TV personality who died of lung cancer. This well thought out and highly informative site is one of the few totally dedicated to lung cancer in the UK. It aims to give both patients and their families access to a comprehensive information and advocacy service surrounding all issues related to lung cancer.

There is everything here that one could wish for including help lines, support groups, research information, latest news items, booklets that can be ordered, a children’s section called ‘kats’, information about tobacco cessation, and a small site search engine. It is unpretentious in design and works very well for it. There is no need to sign up for anything to access the information and one of the best touches is the ability to click on a small link at the bottom left of the site to increase the text size for those who are visually challenged. Web designers take note.

This is a website that all staff working with lung cancer patients can confidently recommend to those in their care who suffer from this debilitating disease.

The alliance for lung cancer advocacy support and education

<http://www.alcase.org/>

This website is primarily for patients and families and is strong on the political element of advocacy as you would expect from an American perspective. It is simply and attractively laid out with easy drop down menus, no complex graphics to slow things down and a very good education section. There are downloadable information booklets and some poignant patient stories. There is a positive and hopeful tone to this site which does it credit. It is well worth a visit.

Worth a look

Lung cancer online

<http://lungcanceronline.org/>

A complete clearing house of information about lung cancer, created and maintained by lung cancer survivor Karen Parles. There are extensive links to other sites.

Cancer research UK

<http://www.cancerresearchuk.org/>

[aboutcancer/specificcancers/lungcancer](http://www.cancerresearchuk.org/aboutcancer/specificcancers/lungcancer)

A nicely laid out page on this huge site with lots of basic information and links to other areas. Good for the fundamentals.

Medicine net

http://www.medicinenet.com/lung_cancer/page2.htm

For health professionals there is lot of detail here in just a few pages that cover everything you need to find out about lung cancer.

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

continued from page 1

new acquaintances and make new contacts, to share ideas and discuss mutual challenges, engage in lively learning exercises and small group activities.

The Institute for Leadership has the potential to boost your self-confidence and change your professional life. It has the potential of

opening doors once closed to you.

As you strive for excellence in your professional life and patient care, the institute can offer valuable insight into which leadership skills you should be developing to move you ahead in your career path. It will allow you to discover the leader you are now and the leader you could be.

FIND OUT MORE

For further information,
contact Liz Peim at
Institute@isncc.org
or
visit the ISNCC website

EDUCATION COLUMN

Scholarship in cancer nursing

Cancer nurses, like most professional groups, face two important challenges in their work. These are clearly articulated by Michael Eraut, an international leader in professional education (Eraut, 1994). The first is the way that thought or paradigms dominate the thinking in cancer nursing and therefore pass unquestioned from one generation to the next. The second is that to make practical use of concepts and ideas, other than those embedded in well-established professional traditions, requires intellectual effort and an encouraging work context.

For the purpose of this editorial, the intellectual effort required will be called scholarship. Scholarship is broader than research and publication; it includes thinking, the ability to conceptualise questions as well as creative answers (Starck, 1996).

In this sense, scholarship is not reserved for academic or research nurses but is extended to the practice arena. Scholarship of clinical practice is important for the development of professional knowledge (Elberson and Williams, 1996). Nursing theory, like other professional theory, is usually considered academic, the stuff found in textbooks, and impractical for practice situations.

Making connections

Academic theories are usually adopted at the level of talk, known as espoused theory, while implicit (practice) theories remain undisturbed (Eraut, 1994). Implicit theories, those grounded in the practice of nursing work, are developed to make professional life tolerable; rather than take in far too many variables at once, the person develops routines and decision-habits to keep mental effort at work at a reasonable level (Eraut, 1994). Both types of theory, academic and implicit, are not stored in the mind in isolated and decontextualised form; they derive richness from connections with a variety of situations (Eraut, 1994). Raising the connections between theory and practice to the level of consciousness, where they can be critically analysed, is the key to scholarship in nursing practice.

Strategies that can potentially bring the connections between theory and practice to the level of consciousness may include the

following four stages: developing a sense of curiosity that can lead to discovery of problems or issues, sharing the problems or issues with colleagues, investigation, and the production of new ideas.

Curiosity about practice can lead to discovery of problems or issues in practice. Curiosity develops naturally from birth but it is lost through a range of influences. For example; weary parents, tired of answering questions; teachers with too little time; television which aims to entertain rather than inform or explore complex issues; a publishing industry focused on intimate details of celebrities lives rather than curiosity about the challenges presented by life (Ruggerio, 1995). Curiosity is developed by asking questions about everything — as a three year old child might. In this exercise, the answers are not as important as the skill of creating questions that focus on specific detail. Asking questions, like other skills, improves with practice.

Teamwork

Scholarship in practice acknowledges that nurses work in teams. Therefore, the next stage is to share the problem or issue with colleagues from the start. Expressing the problem or issue in words can be very difficult and requires intellectual effort and an encouraging work context. A collaborative approach to constructing the problem or issue provides an opportunity for a range of perspectives to emerge.

One way to collaborate may be to develop a learning group, perhaps meeting regularly as part of an in-service program. In learning groups, members can focus discussion on what is being learned from practice and what practice means for each member of the group. Look for the difference between what happens in practice and how this is expressed in academic models. Ask questions about the difference rather than try to identify ways to make practice 'fit' the theory. Treating theories as fact removes the tentative and guiding contribution that theory can make to the profession (Morse, 1996). It is crucial to recognise that there is not only one way to 'do' practice.

The third stage is to investigate the prob-

lem or issue. With only a few facts, complex problems can appear quite simple. As more is learned, including other viewpoints, the problem at issue is clarified and there is increased likelihood of a useful solution or position. Investigation might include discussing the matter with colleagues in other agencies as well as searching the literature. Information could be gathered by individuals and shared with the learning group. At this point the need for an encouraging work context, ready to provide resources for investigation, is clear.

The final stage is to produce ideas to address the challenge, problem or issue. To produce ideas, stimulate the imagination with activities like free association, brainstorming, analogy, the construction of 'for and against' arguments and relevant scenarios. Keep a record of ideas and evaluate them in light of the current practice context. The learning group then agrees the 'best' option.

Asking questions

When reading the articles in professional journals and newsletters like this, practice asking questions. Generate a list of questions for each article. Consider what the article means in relation to your current understanding of the key concepts. How do the concepts and theories raised by the authors relate to your workplace? What is different? By engaging with the recorded journeys and ideas of others, scholarship begins.

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Adapted from Grealish L (2004)
Australian Journal of Cancer Nursing 5(2): 3

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Outcomes research

Introduction

Over the past decade there has been an increasing emphasis on evaluating the effectiveness of health care services. The term 'outcomes research' has emerged to describe a method of inquiry that focuses on the measurement of the end-results of patient care. The impetus for this research has come in part from the increasing demand for accountability and widespread public concern about quality of health care.

Definitions and goals

Outcomes research extends beyond the evaluation of single interventions and instead focuses on the global assessment of outcomes. One challenge is selecting outcomes that are 'comprehensive, meaningful, comparable and accurate in their reflection of the effects of care' (Kleinpell, 1997, p.513). Historically, negative outcome measures were the common indicators. However, the current trend is to collect data about positive outcomes.

The primary goal of outcomes research is to assess quality of care by examining the process of care, determining the appropriateness of the care, and correcting the process of care if needed. In cancer care, this approach might entail asking if the right treatment is being given, is it being done well, and is the patient being treated as well as the disease? (Vardy & Tannock, 2004).

Conceptual models

A critical step in developing an outcomes study is the creation of a conceptual model (Strickland, 1997). The model is generally derived from clinical experience and scientific knowledge and it provides a picture of the variables to be studied, the expected relationships among the variables, and the expected outcomes. Some conceptual models are discipline-specific and may differ in the variables and outcomes selected for study (Hegyvary, 1992). It is also argued that evaluation of the quality of health care must include a multidisciplinary approach, because it is difficult to identify patient outcomes that are influenced by a single group of care providers (Hegyvary, 1992).

Methodology

Outcomes research involves the use of large computerised databases that are often linked. The outcome data may come from randomised clinical trials, observational or epidemiological studies, or other sources. Variables studied may include patient, treatment and setting. A key component of outcomes research is a process called risk adjustment, designed to control the effects of other variables on the outcomes so that

the relationship between treatment and outcomes can be examined. A conceptual model is important in developing the risk adjustment model. Since it affects choices about which variables should be included in the model. It is essential in examining treatment(s) to determine type and level of treatment, to classify treatments using a taxonomy, and to ascertain skills of those administering the treatment(s). Finally, the settings in which data were originally collected must be taken into account.

Measurement and analysis

Measurement of outcomes usually takes one of two forms. Generic outcomes such as function, satisfaction, and quality of life, are used to examine effects of care or address policy issues. Condition-specific outcomes are used when studying outcomes of care in specialty areas. These outcomes vary with the conditions under study, so in cancer, for example, they might be progression-free survival, complete response, or selected patient specific outcomes as described earlier.

The goals and complexity of outcomes research require a highly quantitative approach using a well-honed risk adjustment model and an experienced statistician. In addition, each research question and/or hypothesis has its own specific analysis plan, which is based on the study's conceptual model. The researchers focus on explaining as much of the variance as possible, and assessing the relationship between the independent (treatment) and dependent (outcome) variables.

Examples

Nurse-sensitive outcomes

Nurses intuitively know that what they do makes a difference in patients' lives, but it is important to provide the evidence to support the links between nursing inputs, nursing practice processes, and patient outcomes (Pierce, 1997). However, a major barrier in conducting outcomes research is that current health care databases often contain little or no information about nurses' contributions. In Canada, the Nursing and Health Outcomes project is exploring ways to capture nurse-sensitive outcomes on databases. The project has produced a comprehensive "state of the science" review of the literature on identified nursing-sensitive outcomes (Doran, 2003). Current efforts focus on pilot projects in acute care, community and long-term care settings. This work will increase the availability of nursing-relevant data that will allow 'administrators and researchers in the future to describe how

different nursing interventions and different numbers and types of nurses effect patient outcomes' (The Nursing and Health Outcomes Project, 2001).

Outcomes of care in hospitalised cancer patients

In the United States, the Oncology Nursing Society is examining the effects of nurse staffing (nurse-to-patient ratio) and structural features (size, teaching and technology status, cancer programme) of hospitals on cancer patients' mortality and failure-to-rescue (deaths following complications). Data from a study of hospitalised general surgery patients (Aiken et al, 2002) has been combined with PCDH cancer registry data to facilitate analysis of these two major outcomes, as well as nurse burnout and job dissatisfaction.

The risk adjustment model includes patients' demographic and clinical variables, medical co-morbidities, and interaction variables. When this risk adjustment model is finalised, statistical analyses will be run to examine the effects of patient-to-nurse ratio and hospital characteristics on patient and nurse outcomes. The results should help evaluate how these variables affect the clinical outcomes of patients having cancer surgery, and suggest new directions for care delivery and research.

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