

# Canadian Oncology Nursing Journal

# Revue canadienne de soins infirmiers en oncologie

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Volume 25, Issue 4 • Fall 2015  
ISSN: 1181-912X (print), 2368-8076 (online)



Canadian Association of Nurses in Oncology  
Association canadienne des infirmières en oncologie

# Perceived roles of oncology nursing

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## ABSTRACT

*The Canadian Association of Nurses in Oncology (CANO) Standards of Care (2001) provides a framework that delineates oncology nursing roles and responsibilities. The purpose of this study was to explore how oncology nurses perceive their roles and responsibilities compared to the CANO Standards of Care. Six focus groups were conducted and 21 registered nurses (RNs) from a community-based hospital participated in this study. Transcripts were analyzed using qualitative inductive content analysis. Three themes were identified: 1) Oncology nurses perceive a gap between their defined roles and the reality of daily practice, as cancer care becomes more complex and as they provide advanced oncology care to more patients while there is no parallel adaptation to the health care system to support them, such as safe staffing; 2) Oncology nursing, as a specialty, requires sustained professional development and leadership roles; and 3) Oncology nurses are committed to providing continuous care as a reference point in the health care team by fostering interdisciplinary collaboration and facilitating patient's navigation through the system. Organizational support through commitment to appropriate staffing and matching scope of practice to patient needs may lead to maximize the health and well-being of nurses, quality of patient care and organizational performance.*

## INTRODUCTION

The clinical care of patients with cancer has evolved in response to the increased number, complexity, and acuity of patients, as well as medical specialization and advancements in treatment modalities (CANO, 2001). Providing optimal oncology nursing care is directly related to a consistent adaptation to these changes through expanding current roles and developing new ones. Thus far, Canadian research has identified the need to explore more contemporary and innovative oncology nursing roles to meet increasing patient care responsibilities and rapidly advancing complex cancer care (Bakker et al., 2013; Oelke et al., 2008; Wiernikowski, 2007). The Canadian Association of Nurses in Oncology (CANO) Standards of Care provides a framework by which nursing roles and responsibilities are described. These standards offer great opportunities for nurses to revisit their professional roots, and validate their present roles and values, as well as revise or reaffirm their

future roles (Love, Green & Bryant-Lukosius, 2004). At the present time, and in an ever-changing clinical context, there is a growing need for understanding how oncology nurses perceive their roles and responsibilities compared to the CANO standards of care.

## CONCEPTUAL FRAMEWORK

For a framework, this study used the CANO Standards of Care, Roles in Oncology Nursing and Role Competencies (2001), which is the first document that sets standards for oncology nursing practice and delineates the roles and responsibilities of oncology nurses in Canada (CANO, 2001). The CANO Standards of Care document is built around the following nine domains: 1) individualized/ holistic care, 2) family-centred care, 3) self-determination, 4) navigating the system, 5) coordinated continuous care, 6) supportive therapeutic relationship, 7) evidence-based care 8) professional care, and 9) leadership (CANO, 2001).

## THE CURRENT IMPLEMENTATION OF CANO STANDARDS OF CARE

Although there was a lack of national consensus about the scope of practice role definition and level of practice regarding oncology nursing, CANO developed standards of care that not only reflect the commonly accepted, basic ethical and philosophical values of the nursing profession, but also provide a framework that can be used to measure and evaluate the quality of nursing practice (Jacobs, Scarpa, Lester & Smith, 2004). The standards of care have been used for a variety of purposes such as: designing an orientation program for new oncology nursing staff in Montreal; redesigning the performance management program of oncology nurses in Hamilton; guiding the creation of a documentation audit tool in Toronto; developing a professional development framework for oncology nurses in Vancouver and British Columbia (Chapman, 2008). However, outcome feedback from CANO members indicated that the document was not being implemented because it did not clearly define oncology nurses' specific roles and related responsibilities. Moreover, members indicated that the document did not help them in their daily work, as the standards did not reflect the reality of practice (Chapman, 2008). Oncology nurses not only experience increased workloads, but also deliver more complex and advanced care to more seriously ill patients.

## LITERATURE REVIEW

In Canada, standards from regulatory and professional bodies provide a framework for nursing practice. It is difficult to find a consistent definition of standards of care for oncology nurses. In general, the term Standards of Care refers to scope of practice, professional competencies, and the legal base of practice or clinical parameters of practice (Baranek, 2005;

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DOI: 10.5737/23688076254422431

Oelke et al., 2008; Schuiling & Slager, 2000). The results of a recent study conducted by Bakker et al. (2013) regarding the context of oncology nursing indicate that the context of health care practice has been linked with patient, professional, and organizational factors. These three factors were used for the literature review in our study.

### **Patient factors affecting oncology nursing practice**

There has been an increase in the number of cancer patients, survival rates, and intensity of cancer treatment. Cancer is the leading cause of death in Canada and is responsible for 30% of all deaths (Canadian Cancer Society, 2014). Almost 40% of Canadian women and 45% of men will develop cancer during their lifetime, and one out of every four Canadians will die from cancer. Between 1992–1994 and 2006–2008, survival rates increased from 56% to 63% for all cancers combined (Canadian Cancer Society, 2014). Cancer care occurs in a variety of health care settings and nurses have a front-line role in offering care to patients. The literature emphasizes that patient acuity and volumes are on the rise. Moreover, the unpredictability of cancer contributes to busier and less-predictable environments (Bakker et al., 2013). Bakker et al. (2006) conducted a study indicating that oncology nurses working in inpatient, outpatient and community settings reported an increase in the volume and intensity of cancer patients. Some nurses estimated the increase in patient numbers in their work setting to be as great as 30% to 50%. Although the incidence, prevalence, and survival rates of cancer are increasing, the shortage of nursing staff and downsizing of support staff translate into intensified workloads for nurses who remain employed.

### **Professional factors affecting oncology nursing practice**

Despite the growing demand for oncology nurses, a review of the relevant literature revealed a paucity of research regarding the implementation and utilization of oncology nurse roles. Moreover, no study explores current oncology nurses' perception of their roles and responsibilities. Current research has primarily focused on advanced practice nursing (APN) and nurse practitioner roles in oncology rather than on the role of registered nurses (White et al., 2008). Ontario studies led by Dr. Denise Bryant-Lukosius (2004) demonstrate the negative impact of non-systematic approaches to APN role implementation in cancer settings. Recent Ontario studies about the introduction of oncology APN roles have reported challenges to their effective implementation. About 51% of participants identified the following as barriers to fulfilling their roles: lack of time to implement all role domains; unclear roles and role expectations; lack of administrator understanding and support for the role; lack of practical resources; and lack of physician role understanding and role acceptance (Bryant-Lukosius, Green, Fitch, McCartney & Robb-Blenderman, 2007).

Besner et al. (2005) indicate that disparities between the nursing role (pre-defined nursing role of nurses' contribution based on professional education and role) and role enactment (actual practice, as delineated by legislation, employer policies, experience, context of practice) is one of the critical factors that could have a high impact on the scope of nursing practice.

Role ambiguity among nurses, and between nurses and other health care professionals leaves nurses feeling devalued and not respected for their contribution to health care delivery. A recent Canadian study on turnover reported the mean turnover rate in the 41 hospitals surveyed was 19.9%; higher turnover rates and higher role ambiguity were associated with increased risk of error (O'Brien-Pallas, Murphy, Shamian & Hayes, 2010). Consequently, role clarification provides a great opportunity to eliminate barriers that inhibit professionals from working to their full scope of practice. A research study conducted in Ontario suggests insufficient role implementation is associated with poor job satisfaction and difficulty in recruiting and retaining highly qualified oncology APNs (Bryant-Lukosius et al., 2007). Some factors that are associated with poor APN job satisfaction include: excessive work hours; insufficient administrative support and resources to implement full scope of practice; lack of learning opportunity; and negative health effects due to role strain.

Nurses are among the most overworked, stressed, and ill workers. More than 8% of the nursing workforce is absent each week due to illness (Cummings et al., 2008). The Canadian Nurses Association predicts a national shortfall of 113,000 RNs by 2016. In Ontario, more than 24% (15,375), or almost one-quarter, of employed registered nurses in 2007 are eligible for retirement at age 55 (Ontario Nursing Association, 2015). Several studies have persistently and urgently called for immediate action to address nurses' work environments and the shortage of nurses (Bakker et al., 2013; Berry & Curry, 2012; Campbell, 2013; Cummings et al., 2008). These studies report that nurses perceive a loss of control over their personal lives, jobs, and career opportunities. These changes may lead to a compromised ability to provide effective care for patients. Moreover, patient acuity and complexity continue to increase at an unrelenting pace with little accommodation in staffing. Consequently, oncology nurses struggle to meet increasing demands, as they respond to patient volume increases, more complex treatments, and symptom management; all of which has the potential to lead to job dissatisfaction and frustration in the current environment (Campbell, 2013).

To fulfill contemporary oncology nursing roles, competency is needed in providing holistic care, the ability to coordinate patient care across the continuum of cancer control, and effective interpersonal and communication skills, as well as preparedness to assume leadership roles (Bakker et al., 2013). Bakker, Fitch, Green, Butler and Olson (2006) conducted a Canadian study to provide insight into how oncology nursing has changed and how Canadian oncology nurses respond to these changes following health care restructuring. Telephone interviews were conducted with 51 oncology nurses across Canada. The study depicted a picture of Canadian oncology nurses in "survival mode", as they face many challenges in the workplace while believing that their specialized nursing knowledge and skills make a difference to patient quality of life and cancer experience. The nurses found a way to balance their responsibilities on a daily basis, "for now" (Bakker et al., 2006, p. 79), as they learned to survive the conflict between their desired professional nursing roles and the limited

available resources the system offers. Changes in the workforce and social forces challenge professional oncology nursing practice. Participants emphasized that “their stress did not come from interacting with individuals with cancer, but came from not having the time to provide the desired level of care to meet patients’ individual needs” (Bakker et al., 2006, p. 85). Improving the work environment so that nurses have a sense of control over their work, reasonable workloads, and supportive management are major contributors to the increased retention and recruitment of nurses.

Subsequent research conducted by the same group (Bakker et al., as cited in Bakker et al., 2013) indicated that only minimal positive change had occurred in the practice environment over the recent years. Priest (as cited in Cummings et al., 2008) stated that nurses feel more overworked and undervalued due to the limitations placed on practice by employers, which often makes it difficult for them to work to the full scope of practice and their abilities. Increased workload and lack of a systemic response to address the shortage of nurses are sources of intense concern and constraint on nursing care. These factors may put nurses in a compromised position as they make efforts to address the increased pace and complexity of work.

Several authors (Bakker et al., 2013; Lemonde, 2008) have emphasized that oncology nurses need to more effectively demonstrate contemporary and advanced practice roles and to develop higher national and international standards of cancer care that reflect current practice context. Some workplaces addressed these concerns by giving nurses increased responsibility and autonomy without providing the additional support required to fulfill their roles (Cummings et al., 2008). The findings indicate that oncology nurses deliver more complex care, which is not reflected in current standards of care. As a result, there is potential for underutilization of the oncology nurse, reduction in the scope of practice, and lack of organizational commitment to provide the level of support required for oncology nurses to fulfil their roles and responsibilities.

### **Organizational factors affecting oncology nursing practice**

Health care restructuring can be crisis driven, leading to the ad hoc introduction of health care professional roles. Several reports on the Canadian health care system (Fyke, 2001, as cited in White et al. 2008; Romanow, as cited in White et al., 2008) highlight underutilization of health care professionals and its potential to contribute to low staff satisfaction, aggravating the retention and recruitment problem. Despite health care system constraints, oncology nurses are committed to providing high-quality care. However, there is an emerging need for a more contemporary oncology nursing role to meet the health needs of Canadians in the rapidly advancing, increasingly complex cancer care system (Wiernikowski, 2007). Oncology nursing practice encompasses the provision of effective patient care by eliminating barriers and creating a healthy workplace environment that maximizes the health and well-being of nurses, quality patient-client outcomes, and organizational performance. The incongruence of reality and

practice is well documented in several articles (Bakker et al., 2013). System changes continue to create stressful working conditions that are characterized by fiscal restraint, increased workloads, and lack of visible nursing leadership. These conditions are consequently associated with job dissatisfaction, burnout, and perceived decrease in the quality of patient care (Bakker et al., 2013; Campbell, 2013; McDonnell, 2011). Despite the challenges that the current workplace poses for nurses, they believe in their skills and knowledge, as experts in providing comprehensive care for patients. Oncology nurses are committed to providing excellent care that requires specialized knowledge and skills throughout the cancer trajectory. Expansion of the specialty nursing role calls for role clarification, which is the foundation for developing new and innovative roles in the complex health care system. Consequently, clarifying oncology nursing roles and responsibilities guides attribute and role development opportunities, which may lead to improved oncology nurses’ role enactment, job satisfaction, retention, and recruitment of nurses. Providing a supporting environment in which oncology nurses have autonomy and can exercise control over their work may lead to enhanced congruency between reality and the practice of nursing care.

## **METHODOLOGY**

### **Purpose**

The purpose of this community-based project is to compare registered nurses’ (RN) perception of their current roles and responsibilities to the standards of practice of the CANO. The objectives of the study were to 1) explore how registered nurses perceive their roles and responsibilities compared to the standards of care, and 2) identify specific factors that affect the scope of oncology nurses’ practice. Current evidence suggests there is no research study regarding oncology nurses’ standards of care in Canada. Moreover, this evidence suggests there is role ambiguity among health care providers and a gap between predefined roles and actual role enactment (Besner et al., 2005; O’Brien-Pallas, 2010). This study also identified gaps between perceived roles and actual role enactment and explored factors that impact scope of practice.

### **Procedures: Recruitment and data collection**

Two institutional review boards approved this study. All RNs (approximately 67) in the oncology inpatient and outpatient units at a community hospital were invited to participate in the study by sending Mox messages (internal emailing system). In addition, recruitment posters were posted in the lounge and meeting rooms of these units. The inclusion criterion was to have two years’ experience in an oncology setting. Based on the CANO Standards of Care (2001), the participants were considered as specialized oncology nurses: “The Specialized Oncology Nurse is one who has a combination of expanded education focused on cancer care and experience, such as two years in a setting where the primary focus is cancer care delivery” (p. 34).

Six focus groups were conducted. Each focus group lasted 30–45 minutes. Participants were asked to sign a consent form and complete the demographic data sheet beforehand. Semi-structured, open-ended questions were developed to guide the

discussion group and probes were used to explore the nurses' awareness of the CANO Standards of Care. For example, the nurses were asked if they could name the CANO Standards of Care and to explain how they would describe the role of the oncology nurse and accompanying responsibilities. In addition, questions were asked related to each of the nine domains of the Standards of Care. For example, questions included how the nurse would describe the role of the family in patient care and some of the factors that influence nurses' leadership (See Appendix A for complete interview guide). Each session was audio recorded and transcribed verbatim.

### Data analysis

Data were analyzed using inductive content analysis procedures, as outlined by Elo and Kyngäs (2008). Inductive content analysis is used to systematically analyze data when there are no previous studies dealing with the phenomenon. An approach based on inductive data moves from the specific to the general (Elo & Kyngäs, 2008; Vaismoradi, Turunen & Bondas, 2013). First, the researchers read the text through several times to obtain a sense of the whole context. Second, the categories were derived from the data during the process of analysis, which included open coding, creating categories, and abstraction. Open coding means that codes are written in the text while reading it (Vaismoradi et al., 2013). The transcripts were read through, and as many codes as necessary were identified to describe all aspects of the content. The codes were then used to create categories by grouping those content areas that expressed similar concepts into mutually exclusive categories (Elo & Kyngäs, 2008). Finally, at the abstraction phase, similar categories were grouped together to formulate a general description of the research topic. Each category was named using content-characteristic words. Subcategories with similar concepts were grouped together. This abstraction process was continued until all categories were saturated (Vaismoradi et al., 2013). Steps were incorporated to ensure rigor throughout the data analysis process, including independent coding, consistency checking, and reporting of repetitive quotation of categories and subcategories.

## RESULTS

### Demographics of participants

Twenty-one RNs participated in this study. All but one of the participants were female. The average nursing experience was 16 years and the average oncology nursing experience was nine years (Appendix B).

Participants' responses regarding each of the CANO Standards of Care are summarized below.

### Individualized holistic care

Individuals with cancer and their families are entitled to care that is responsive to and respectful of individual differences (CANO, 2001). Participants in this study acknowledged the importance of providing individualized, holistic care by following the patient care plan. They emphasized providing care that is tailored to the individual's unique needs by considering the different aspects of a patient's life such as physical, social, cultural, and spiritual. One participant acknowledged that:

"You [nurses] have to know that there are specific care needs, keeping in mind that they have a family, and there is a unit associated with that person; so you are looking at the holistic, big picture and not just focusing on physical symptoms. There is psychological. There is spiritual, there is emotional, spiritual and religious, that would be holistic care. It is not a disease process that is lying on that bed. It is a person, it is a family, and they have personal needs."

One of the challenges that most participants face in providing individualized care is time management. "Getting complex heavy workload, it is just not realistic. But you [nurses] still feel rude because you kind of sneak out the door and you don't want to leave the conversation, but you have blood to hang in another room."

### Family-centred care

The experience of cancer often causes stress for individuals and their families. The nurses indicated they have always considered the patients within the context of multiple and dynamic relationships. Participants in this study believed they play a key role in empowering patients by sharing knowledge and resources, as well as involving the families in care. They indicated that the family is more knowledgeable about the patient and should be kept up to date: "We also have to be up on anything new and upcoming ...We have to keep on the ball and educate ourselves so we can help them [families] with whatever new is coming."

### Self-determination and decision-making

Respecting patient autonomy and promoting self-determination is considered a priority in providing cancer care. Self-determination is identified as empowering the patient to make informed decisions, respecting the individual's lived experiences of having cancer, empowering them to be more involved in care, offering them choices and enabling them to voice their concerns. Some of the views shared are as follows: "...ensure that they have enough information to keep on and going on with their treatment. Control is very important for people... you [patients] come to somebody else's turf and institution and suddenly you have to go with all of these new rules and I think autonomy is very important."

Further insight was offered by another nurse who expressed the view that, "Lots of patients say you are the boss, but I say no, you are the boss. I think lots of times people think you [nurses] are in charge and you do everything for me and I have no control but I try to enable them." Many nurses believed in being an advocate for the patient. This is illustrated in the following comment: "Tell me your concerns and also voice them to the physicians, you have every right to voice your concerns to your doctors, we are all working together."

### Navigation of the system

As the health care system and treatment options are evolving, providing integrated care becomes more challenging (CANO, 2001). Participants stated that the health care system has become more fragmented and difficult to navigate. Nurses identified their role in ensuring integrated care by providing enough information to patients and their families.

Participants acknowledge their role in providing information to patients: “providing information to enable them [patients] to go through the system.”

It was also seen that patients are very acute. They deserve more follow-up compared to what they are receiving: “The system here is very big to navigate and they [patients] are very acute and they deserve more follow-up compared to what they get.”

### **Coordination and continuity of care**

“Working with other health care professionals helped me to gain a better understanding of the complexity of the patient’s needs.” Attending rounds, in which nurses collaborate with other health participants, provides the opportunity to provide holistic care and learn about other health professionals’ scope of practice.

### **Supportive therapeutic relationship**

Individuals with cancer and their families are entitled to a supportive, knowledgeable, caring and therapeutic relationship (CANO, 2001). Participants in this study actively engaged in relational practice by demonstrating caring behaviours such as listening, questioning, and reflecting.

The importance of listening was demonstrated by one participant who recognized that, “Each person coming in brings with them whole sets of experiences ...Listen to what they have to say.”

### **Evidence-based care and professional care**

Although most participants acknowledged the importance of incorporating research into their practice, for some participants evidence-based care was not familiar. For example, when asked about developing evidence-based care, some respondents stated: “I got lost in the question.” “...I am not reading too much into it”, and “Can I have an example of that?”

In general, providing evidence-based care was defined by participants in accordance with the CANO Standards of Care. Some of the ways in which participants implement evidence-based care include: following best practice guidelines, agency policies and the latest protocols, as well as learning from the experience of interacting with patients and colleagues. As one participant stated, “...took the courses and then again coming to work every day and learning from your colleagues, protocols and patients. Learning from the patients is huge. I think it helps for basics and the rest is experience.”

Using evidence-based information was mostly related to symptom management and chemotherapy administration. Some opportunities to access evidence-based information include: attending seminars, accessing online journals, and attending rounds. Participants also identified different sources of information to access research, such as the Cancer Care Ontario (CCO) website and the Google search engine. The following comments support how participants in this study implement evidence-based practice. One participant expressed the need to “keep up to date”: “Keeping up to date on the literature and keeping up to date reading nursing journals, oncology journals, in services.”

### **Professional roles**

In order to provide care based on strong moral reasoning, it is essential for nurses to understand the relationship among style of moral reasoning, coping style, and ethical decision-making (CANO, 2001). Participants identified professional roles in their meeting regulatory body expectations, being aware of their own values and beliefs, and understanding the implications of these for the patient’s care.

### **Leadership**

Leadership is about acknowledging power differences between the client and health care professionals and coaching clients to be responsible for their care (CANO, 2001). Taking a leadership role was identified as necessary not only in providing care for the patient, but also in interactions among staff. Some of the roles related to leadership include: engaging in critical thinking, being a resource for staff and students, and being confident about providing care. Nurses identified the importance of nursing knowledge, experience, and confidence, as well as strong interpersonal communication in developing leadership roles.

### **Identified themes**

Data analysis revealed the following three themes based on focus group discussions:

1. Oncology nurses perceive a gap between defined roles and the reality of daily practice.
2. Oncology nursing as a specialty requires sustained professional development and leadership roles.
3. Oncology nurses are committed to providing continuous care as a reference point in the health care.

Each theme was also divided into three sub-themes: patient-related, professional and organizational (Appendix C).

**Oncology nurses perceive a gap between defined roles and the reality of daily practice.** The results of the study indicate that there is a lack of awareness about the CANO Standards of Care among participants. Most nurses had difficulty in naming or identifying the standards of care criteria and referred to the standards as tasks they do automatically with more emphasis on providing cancer treatments, managing symptoms, and following protocols. For example, when participants were asked to describe the roles and responsibilities of oncology nurses, compared with the standards of care, they responded: “Standards of care as per whom?... I would love a copy of that in front of me to begin discussion.” Another participant expressed, “I hope that standards are comparable to what we do.” After participants answered a question regarding their overall perception about CANO standards, they were asked to explain their roles and responsibilities related to each domain of the standards (e.g., family-centred care, supportive therapeutic relationships, and leadership). The results of this study indicate that, despite the lack of awareness about standards of care, participants were able to identify their roles and responsibilities, as related to the nine domains of the standards of care. Some talked about standards as activities that they do automatically in their daily practice, which do not align with the formal standards of care.

Participants also perceived a gap between predefined roles and role enactment. One participant stated: “They [standards] are a little unrealistic compared to the time factor, I remember that we went to school and learned about client-centred care... How are you supposed to sit there and who has time for that?” Some participants believed that the CANO Standards of Care are broad, while working in the oncology field is very specialized. Moreover, the standards of care do not reflect the complexity of oncology nursing practice. For example, one participant stated, “Patients are certainly sicker and they are definitely more complex than they used to be.” Another participant indicated, “I think the standards are not vague, but they are so broad and the roles of oncology nurses are so specific.”

Some nurse participants mentioned the complex ethical challenges they encounter because of an increased gap in perceived scopes of practice. Most participants believed they have the knowledge, skills, and attitude to provide specialized cancer care, but stress comes from not having enough time to fulfill their role. As one participant stated, “You are so busy and sometimes it is just tasks of getting through, daily”. Time constraints and increased workload were considered the most important factors that inhibit oncology nurses from fulfilling their roles. Moreover, oncology nurses in this study perceived a gap between their role and the reality of practice, as they provide more complex care to patients without adequate organizational support in terms of a reasonable workload.

**Oncology nursing as a specialty requires sustained professional development and leadership roles.** The clinical work of nurses is essential, yet overlooked. The perception of one participant was, “You almost feel like a second class citizen, as they don’t think you have anything to offer, but we have a lot to offer”.

There is an emerging need for creating a supportive environment to sustain the ability of oncology nurses to continue to provide effective care. Providing professional development and effective leadership were identified as challenging areas by the participants. Oncology nurses are dedicated to excellence in patient care, but there is an emerging need to review existing approaches to providing continuing education and professional development opportunities for them.

Some of the barriers to developing leadership roles include: loss of key management positions, increased workload, time constraints, and lack of provision of feasible educational opportunities such as attending rounds. One participant said, “You take a leadership role in teaching patients, but time factor and workload, it would always, always fall back to that.”

One participant stated, “We are not included in rounds. It [round] is open for us to go, but the chance and timing is not.” Another participant added, “Few times that I have been in rounds, the team mainly discussed difficult interesting cases, which is very informative.” Oncology nurses are dedicated to offering excellence in practice, education, and leadership, which requires nurses’ engagement in professional development and organizational support.

**Oncology nurses are committed to providing continuous care as a reference point in the health care team.** The oncology nurses promote and facilitate continuity of care across care settings and

between health care providers by sharing information about the individual and family’s current situation, plan of care, and goals. Oncology nurses are responsible for assisting the individual and family to navigate the health care system through understanding its structure, system and process, and providing them with strategies to work within that system (CANO, 2001). As one participant stated, “Hooking them [patients and their families] up with team members, like getting them hooked up with a social worker to navigate through how to fill out long-term disability papers, things like that, trying to link them to sources.” Although most participants in this study believed that coordination of care had improved among the health care team, navigating the patient within the health care system is considered challenging, as one participant stated, “The system here is very big to navigate. I don’t want to be a patient who needs to navigate the system.” The nurses in this study also identified the importance of communication within the health care team and with the family. “You try to equip them with some kind of solution, and reinforce things that they do know.”

## DISCUSSION

The results of this study are consistent with previous research conducted by Bakker et al. (2013) in which professional and organizational cultural conflict was identified. Professional culture is rooted in standards of care and is based on a philosophy of caring for people by promoting patient-centred care, individualistic care, and advocacy. In contrast, organizational culture is based on a philosophy of service by promoting time management, which keeps the system running. Restructuring of health care in Canada has resulted in significant changes in the workload and work environment for oncology nurses. The nurses in this study expressed concerns related to the current time constraints that led to their deciding between comprehensive care or only focusing on the care priorities presented that day. The results of this study indicate that oncology nurses have knowledge, skills and attitude to provide complex care, but they perceive time constraints as a barrier to fulfilling their roles and responsibilities. Current literature also supports that burnout can result from the gap between individuals’ expectations about fulfilling their professional roles and the existing organizational structure (Bakker et al., 2013; Cummings et al., 2008; Leiter, 1998). When the reality of practice exceeds expected roles and responsibilities, whether because of resource allocation (e.g., workforce shortages) or lack of appropriate policies and standards, nurses take more responsibilities.

The scope of professional nursing practice has evolved over the years with a shift towards increased specialization (Gill & Duffy, 2010). Despite increased demand for specialized nursing care, there are few parallel changes in the health care system to support the practice of oncology nurses such as autonomy in patient care, ability to integrate research evidence with clinical decision making, taking leadership roles, and more collaborative roles in the multidisciplinary team (DiCenso et al., 2010). Emphasis on the theoretical aspects of care and scope of practice provides knowledge, enhances nursing power, aids deliberate action, provides rationale when challenged, and professional autonomy by guiding practice,

education and research (Ingram, 1991). Standards of care give nurses voice to describe what they do. Consequently, it is essential that those standards reflect the complexity of oncology nursing work.

Results of this study indicate that oncology nurses are challenged in taking on leadership roles and engaging in professional development. Providing specialized cancer care requires nurses' engagement in professional growth and organizational support. Nurses who are committed to professional development and providing leadership at the point of care improve patients' quality of care and enhance organizational development (RNAO, 2013).

Registered nursing practice is self-regulating, which means nurses need to be committed to establishing and continuing professional development opportunities in order to ensure high quality of care. However, the increased number, complexity and acuity of patients, without parallel adaptation for nurse staffing and education can result in burnout and job dissatisfaction. Managerial support is important in creating feasible learning and nursing leadership opportunities (Besner et al., 2005; Cummings, 2008). Oncology nursing work environments can be improved by focusing on modifiable factors such as staff development and staffing resources (Cummings et al., 2008). Having equal opportunity to attend rounds is considered a powerful work-based learning strategy, as the multidisciplinary team discusses patient care plans. Rounds also ensure a high level of communication and collaboration among doctors, nurses, and other members of the care team, which, in turn, greatly improves the reliability of the care provided (Institute for Healthcare Improvement, 2014). Creating more learning opportunities, with a focus on the theoretical aspects of care, leads to role clarification and lays a foundation for constant role enactment and development.

As discussed by participants in this study, patient navigation through the health care system improves when nurses can play a key role in improving continuity and coordination of care. A vast amount of literature supports nurses in assuming the role of patient navigators. There is a huge opportunity for oncology nurses to take on a patient navigator role given their involvement in patient care and their knowledge and skills to facilitate timely access to appropriate health care and resources, and their ability to provide targeted care management to patients (Horner, Ludman, McCorkle, Canfield, Flaherty et al., 2013).

The standards of care are designed to be broad and generic to reflect commonly accepted professional values and beliefs. Oncology nursing care has become more complex, which precludes the description of competencies per standards.

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## IMPLICATIONS

### Implications for practice:

- There is an emerging need for nursing managers to create and support a healthy work environment in which developing and sustaining nursing leadership and professional development is prioritized.
- It is essential to provide opportunities for nurses and nursing students to develop and utilize their leadership skills by including leadership courses in their curriculum and discussing and/or practising in supervised nursing managerial roles.
- Enhancement of a safe patient-nurse ratio can improve quality of nursing care.
- As “navigating the system” was identified as a challenge for providing seamless care, there is an opportunity for nurse navigators to facilitate patient navigation through the health care system.

### Implications for education and research:

- Promote the theoretical aspects of care and standards of practice within cancer care settings.
- Offer professional development opportunities in continuing education, access to information and literature.
- Provide educational opportunities for RNs regarding leadership, project management and quality improvement.
- Further research to determine whether the perceived gap between standards and the reality of daily practice affects quality of patients' care.

## CONCLUSION

The nursing profession is a self-regulated practice, as nurses initiate and fulfill their professional roles and responsibilities. There is an increasing need for providing specialized oncology nursing cancer care. Yet, the restructuring of the health care system challenges oncology nurses to provide optimal care for patients. The standards of care set out the ethical, legal and professional basis for nursing practice. However, oncology nurses perceive a gap between the reality of their daily practice and standards of care. Bridging the gap between perceived nursing roles and role enactment leads to the preservation of moral integrity and confidence in providing care. In addition, there is an emerging need for creating a supportive environment that promotes the professional development of oncology nurses and supports nurses to take on leadership roles. The oncology nurse navigator is an emerging role that can facilitate care coordination and patient navigation within the health care system.

## ACKNOWLEDGEMENT

*Special thanks to Catherine Lee and Mary Michalski for their valuable comment and sharing their knowledge.*

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**Appendix A: Focus group interview questionnaire based on CANO Standards of Care**

<b>CANO Standard of Care</b>	<b>Interview Questions</b>
Overall perception of Standards Of Care	<ul style="list-style-type: none"> <li>• How would you describe the role of the oncology nurse and your responsibilities compared with the standards of care?</li> <li>• How do you describe the practicality of the standards of care on daily work?</li> <li>• Could you offer suggestions to make the Standards of Care more practical?</li> </ul>
Standard 1: Individualized and holistic care	<ul style="list-style-type: none"> <li>• How do you explain individualized and holistic care?                             <ul style="list-style-type: none"> <li>a. Can you give examples of “individualized and holistic care” in your practice?</li> </ul> </li> </ul>
Standard 2: Family-centred care	<ul style="list-style-type: none"> <li>• How do you describe the role of the family in patient care?</li> </ul>
Standard 3: Self-determination and decision making	<ul style="list-style-type: none"> <li>• What are the barriers and facilitators to performing your key duties and decision making as an oncology nurse?</li> </ul>
Standard 4: Navigation of system	<ul style="list-style-type: none"> <li>• How do you assist patients to navigate through the system? Can you give us some examples?</li> </ul>
Standard 5: Coordination and continuity of care	<ul style="list-style-type: none"> <li>• In comparison to your past nursing experiences, what is the level of coordination and continuity of care in oncology?</li> </ul>
Standard 6: Supportive therapeutic relationship	<ul style="list-style-type: none"> <li>• In your opinion, how do you develop supportive therapeutic relationship?</li> </ul>
Standard 7 : Evidence-based care and professional care	<ul style="list-style-type: none"> <li>• Could you describe how you have developed evidence-based care?</li> </ul>
Standard 8: Professional roles	<ul style="list-style-type: none"> <li>• Can you provide examples of what assists you in taking a professional role?</li> </ul>
Standard 9: Leadership	<ul style="list-style-type: none"> <li>• In your opinion, what are some factors that influence nurses’ leadership?</li> </ul>

**Appendix B: Demographics of participants**

<b>Characteristics</b>	<b>Number</b>	<b>Characteristics</b>	<b>Number</b>
Female	20	Average Years of Experience in Nursing	16
Male	1		
Average age	32	Average Years on Experience in oncology	9

**Appendix C: Identified themes and related sub-themes based on Inductive Content Analysis**

<p><b>Although oncology nurses' practice is based on the standards of care they perceive a gap between defined roles and the reality of daily practice</b></p>	<p><b>Oncology nurses are committed to providing continuous care as a reference point in the health care team</b></p>	<p><b>Oncology nursing as a specialty requires sustained professional development and leadership roles</b></p>
<p><b>Patient-related</b>                      - Focusing on the patients and their holistic needs  <i>It is not a disease process that is lying in that bed it is a person, it is a family, and they have personal needs</i></p> <p>- There is a lack of awareness about the CANO standards of care  <i>I would love a copy of that in front of me to see that to begin</i>  <i>We don't even know much about that (CANO Standard of Care)</i></p> <p><b>Professional</b>                      Nurses referred to the standards of care as tasks that they do automatically with more emphasis on cancer treatment and protocols  <i>When I come here to do my job it (Standards of care) is not at forefront of my mind... you just go about your business</i></p> <p><b>Organizational</b>                      There is an emerging need for creating more learning opportunities with a focus on the theoretical aspects of care</p>	<p><b>Patient-related and Professional</b>                      - Although most nurses believe that coordination of care improved among the health care team, navigating the patient within the health care system is considered challenging  <i>The care settings just seem to be more fragmented</i>  <i>The system here is very big to navigate, I wouldn't want to be a patient who needs to navigate the system</i></p> <p><b>Organizational</b>                      - Time constraints are considered the most important factor that inhibit oncology nurses from fulfilling their roles  <i>You are so busy and sometimes it is just tasks of getting through daily</i>                      - Improving patient-nurse ratio were considered important factors in improving quality of care</p>	<p><b>Patient-related</b>                      Empowering the patient through sharing knowledge and resources, as well as coaching and educating the patient and their family</p> <p><b>Professional</b>                      - Developing leadership roles requires nursing knowledge, experience, and confidence, as well as strong interpersonal communication                      - Sources of evidence-based practice for oncology nurses include: an experienced colleague, protocol, CCO website, Google in-services and online journals</p> <p><b>Organizational</b>                      - There is a loss of key management positions for nurses, which adversely impacts their professional development &amp; leadership                      - Managerial support is important in creating feasible learning and nursing leadership opportunities  <i>You almost feel like a second-class citizen, as they don't think you have anything to offer, but we have a lot to offer</i>                      - Attending rounds, supporting education, and attending conferences are all ways to sustain professional development</p>