

*Furthering
Cancer Education
in Nova Scotia:*

**Nurses Needs
Assessment**

Executive Summary

November 2002



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The needs assessment was undertaken by *Cancer Care Nova Scotia (CCNS)* in collaboration with the Canadian Association of Nurses in Oncology (CANO), Nova Scotia Branch. The purpose of the needs assessment was to obtain the best information possible to assist in planning education programs for nurses working with individuals and families living with or at risk for cancer. The questionnaire was developed in consultation with the Nurses Advisory Group of CCNS. All nurses with oncology and/or palliative care expertise were sampled along with a random sample of all other nurses. Questionnaires were mailed in November 2001 followed later by a reminder postcard and a reminder letter.

The overall response rate was 49% ranging from 40% to 56% per district. The responses included 625 completed surveys (27% of the sample) and 530 nurses who indicated they did not provide care for cancer patients or their families (23% of the sample). Nurses responded from a variety of settings, education levels and nursing roles. Nurses were, for the most part, very experienced in cancer care. Fifty-three percent of nurses had been employed in a cancer care setting for 11 years or more. About half of nurses spent more than 25% of their time caring for cancer patients and about half spent less time. Twenty-four percent of nurses indicated self-rated expertise in one or more areas of oncology and 35% indicated self-rated expertise in palliative care.

Nurses identified their top five issues that required continuing education in an open-ended question. The most frequently mentioned needs, in descending order, were to know more about: treatments, medications and their side effects; management of symptoms and complications; basic information on cancer; interacting with/ supporting patients and families; and palliative care. The issues requiring continuing education were very consistent across categories of expertise and time spent with cancer patients; districts; years spent caring for patients with cancer and education level.

The survey also assessed the continuing education resources available to nurses and their willingness to devote time to continuing education. Computer access and Internet access were both available to 80% of nurses across all districts (at work and/or at home). However, only 21% considered themselves computer literate and only 36% rated themselves as familiar with using the Internet. Nursing/medical journals, fax machines and Telehealth were available to a majority of nurses across districts. Nurses were almost all (95%) willing to spend time to fulfill their learning needs. The most frequently suggested times were up to one day per week or up to one day per month. Most nurses were willing to devote at least some of their personal time to fulfill their learning needs but only one-third of nurses were willing to complete all of their continuing education on their personal time.

Nurses' preferences for being supported in receiving new knowledge and skills in cancer care at a continuing education level included: attending educational sessions, work place support (i.e., management supporting continuing education for nurses); having a list of nurses, health professionals and agencies to contact about specific issues; working with/shadowing a nurse who is a specialist in cancer care; and having a nurse come to their place of work to teach them. Eight percent of nurses were interested in pursuing an undergraduate nursing degree and 16% of nurses were interested in pursuing a graduate nursing degree. Twenty-six percent of nurses were willing to seek oncology certification by the Canadian Nurses Association (CNA) once they have met the qualification criteria and 36% were willing to seek palliative care certification by the CNA when it becomes available.

The preferred methods of receiving further education were person to person; meetings and conferences; and formal courses. The preferred location to receive continuing education for a majority of nurses was their place of employment followed by their home or at a regional or community hospital. There was no clear-cut preference for times of day to receive continuing education. Sixty-two percent indicated they were

willing to receive continuing education in the daytime followed by 39% in early evenings and 31% in late evenings. Most nurses, however, preferred to receive continuing education during weekdays in the fall, winter or spring. Less than one-third of nurses were willing to travel more than 50 km at their own expense to receive continuing education. Regardless of the distance they were willing to travel, most were willing to travel between once a week and once a month to receive continuing education. The decision to participate in continuing education depends on both personal and work-related factors including time, finances, program relevance, family demands, support from their employer, work demands and many other factors.

The needs assessment survey asked nurses to self-rate their current knowledge and skills in 135 specific areas under nine standards of care. Detailed breakdowns of their self-rated knowledge and skills on these areas are available in the Technical Appendix for curriculum planning purposes. In this summary report, aggregated results on selected items are presented to give an overall picture of current knowledge and skills related to the top five needs identified by nurses as well as for each of the nine standards.

The discussion of survey results and a subsequent planning session with the Nurses Advisory Group led to the development of the recommendations for the design and implementation of cancer education for nurses. It should be noted that these recommendations are part of a larger effort by the Education Advisory Group of CCNS and their implementation depends upon factors such as availability of finances and human resources, as well as various other constraints. The recommendations were as follows:

1. CCNS lead the development and support the delivery of a series of continuing education modules on the above topics, building on what's already available in those areas. These modules would be tailored for specific disciplines, districts and settings, as needed.
2. CCNS support the development of advanced modules, subsequent to the completion of the advanced modules, based on self-learning packages such as case studies and distance learning with mentors.
3. CCNS support oncology nurses by providing mentors for in-person training of specialized oncology skills.
4. CCNS organize and support the development and delivery of in-person cancer educational modules during scheduled work times in each district. This may include supporting the development of clinical nursing resources or experts in cancer care in each district to lead the implementation of the basic modules.
5. CCNS ensure that educational opportunities are made available to a broad cross-section of nurses, including those based in institutions and in the community, who care for patients with cancer since there was a high level of expressed interest and need among nurses who care for patients with cancer in a wide variety of levels of expertise and settings. Regional or community hospitals in each district may provide a location that would be accessible to nurses in various facilities and in the community.
6. Once the basic modules have been made available across all districts, CCNS continue its work to make additional resources and updates available through distance education or self-directed learning opportunities. This would maximize the use of resources and capitalize on the willingness of nurses to carry out some of their personal education on their personal time. A directory of available educational resources and opportunities and a directory of health professionals and agencies who could be called regarding specific issues would be a useful and credible undertaking for CCNS.
7. CCNS facilitate access to formal oncology nursing programs at both an undergraduate and graduate university level. This might include lobbying for the availability of flexible

programs for nurses in all districts and lobbying for financial supports.

8. CCNS support nurses to attain the educational requirements for certification by the CNA in both oncology and palliative care by ensuring that education modules and opportunities are available to supplement the study guides available from CNA.
9. CCNS work with services and facilities to support experienced cancer care nurses to mentor newer nurses in the field.
10. CCNS work with the Department of Health, College of Registered Nurses of Nova Scotia (CRNNS) and other stakeholders to examine potential human resource shortages in oncology nursing.
11. CCNS work with stakeholders to develop and implement a communication program to increase the profile of oncology nursing as a career choice.
12. CCNS support curriculum development by making detailed results regarding knowledge and skills under each standard of care (available in the Technical Appendix) broadly available.
13. CCNS work with various stakeholders, including the Department of Health, to increase the level of resources devoted to continuing education for nurses. Once increased funding is available, CCNS advocate to service administrators for the importance of continuing education for nurses and the need for protected time and other resources to take advantage of those opportunities.
14. CCNS establish a Nurses Education Sub-Committee with representation from across the province, under the CCNS Education Advisory Group, to review these results and to make recommendations for implementation.

The Nurses Advisory Group felt that educational efforts should build on what is already available and connect to existing programs to make best use of resources. Educational opportunities should be tailored to meet the needs of nurses with different levels of expertise working in a variety of settings and locations. It is necessary to work with nursing leaders in each area to ensure that each educational package meets their needs.

If you wish to receive the *Furthering Cancer Education in Nova Scotia: Nurses Needs Assessment, Final Report and/or the Technical Appendix*, please contact:

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