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BACKGROUND

Barriers and promoters to implementing shared decision making and patient-centeredness in multidisciplinary cancer teams as perceived by health care professionals have been reported in the literature.

However, little is known about barriers and promoters for oncology nurses’ participation in cancer treatment decision making (TDM) process.

PURPOSE

- To examine the barriers and promoters for participation of the nurse and nurse practitioner during cancer TDM process.
- To describe the perspectives of the nurse and nurse practitioner on their personal values, beliefs, and attitudes relevant to their participation in cancer TDM.

METHODS

Design: Descriptive, cross-sectional design.

Setting: Inpatient and outpatient oncology settings.

Sample: The participants consisted of 19 oncology nurses and 11 oncology nurse practitioners.

ANALYTIC PROCEDURE

- Semi-structured interviews were audio-recorded, transcribed verbatim, and imported to NVivo 10 for data coding.
- Directed content analysis was performed using NVivo 10 (QSR Int’l, Melbourne, Australia).
- Initial themes were developed based on literature review on factors influencing cancer treatment decisions and integrative review on barriers for nursing advocacy.

ANALYTIC PROCEDURE (CONT.)

- Data coding were performed by two trained graduate students, SPM and NS.
- Ongoing in-depth discussions of initial themes and major themes throughout the data coding process were conducted.
- Consensual validation process used to improve coding agreements.
- Overall coding agreement was excellent at 92.79%.

RESULTS – MAJOR THEMES

1. Practice barriers - lack of uniform practice standards for nursing participation in cancer TDM.
2. Patient barriers - lack of patient's emotional and mental readiness to participate in cancer TDM.
3. Institutional policy barriers – institutional policy requiring physician supervision instead of collaboration between physician and nurse practitioner.
4. Professional barriers - lack of professional training and experience.
5. Scope of practice barriers - when nurse practitioners can't initiate new cancer therapy due to state or federal laws prohibiting it.
6. Insurance coverage as a barrier - when insurance payment for service is low, nurse practitioner has to see more patients and will be forced to spend less time with patients due to higher patient load.
7. Administration as a barriers - when administration does not provide adequate support staff to nurses and nurse practitioners.

Themes relating to promoters for participation of the nurse and nurse practitioner participation during cancer TDM:

1. Multidisciplinary or team approach - nurses and nurse practitioners participate more in cancer TDM when there is consistent multidisciplinary or team approach in the practice.
2. Nurses having a voice.
3. Higher level of disease knowledge and its therapy.
4. Nurses who personally value participation in cancer TDM are more actively involved in the treatment decision making process.

CATEGORY	RESPONSE	(FREQ)	%
Gender	Male	(2)	6.7
	Female	(28)	93.3
Work status	Full-time	(27)	90.0
	Part-time	(3)	10.0
Age	30-39	(2)	6.7
	40-49	(12)	40.0
	50-59	(14)	46.7
	60+	(2)	6.7
Years of practice experience	3-5 years	(1)	3.3
	6-9 years	(5)	16.7
	10 years & above	(24)	80.0
Education	Associate	(4)	13.3
	Bachelor	(9)	30.0
	Master	(14)	46.7
	Doctoral	(3)	10.0
Job title	OP NC	(5)	16.7
	NP	(11)	36.7
	CNS	(2)	6.7
	CRN	(5)	16.7
	OP RNC	(3)	10.0
	RNN	(2)	6.7
	IP NC	(2)	6.7

Abbreviations:

OP NC – outpatient nurse clinician

NP - Nurse practitioner

CNS – clinical nurse specialist

CRN – Clinical research nurse

OP RNC – outpatient RN coordinator

RNN – Registered nurse navigator

IP NC – Inpatient nurse clinician

CONCLUSION

1. There are many barriers to the participation of the nurse and nurse practitioner during cancer TDM. Nurses and NPs must continue to work rigorously in removing these barriers and they must strive to attain full level of participation during cancer TDM.
2. Promoters for nurses’ participation in cancer TDM should be encouraged and supported in practice to improve patient satisfaction with treatment decisions.