

Moral obligation of nurses stressed at CANO meeting

Written by Rosemary Frei on November 24, 2009 for CanadianHealthcareNetwork.ca

Doing what's right for cancer patients should involve connecting on an 'emotional plane'

The importance of balancing emotional support with technical skill in the care of patients was emphasized at the recent 21st annual conference of Canadian Association of Nurses in Oncology (CANO) [here](#).

As well, determining optimal models of nurse-led cancer survivor care was another major talking point addressed.

On the first day of the conference, Dr. Mary Jane Esplen (PhD, RN) discussed nurses' role in addressing the psychosocial problems of people who have been diagnosed with cancer. She is an associate professor of psychiatry at the University of Toronto and director of the newly created de Souza Institute, a learning centre dedicated to improving cancer care by supporting excellence in oncology nursing.

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Dr. Esplen noted that cancer has an "existential impact on the patient, family and nurses themselves across the continuum of cancer from prevention to end of life."

However, due to the mind-body split that is the norm in contemporary society, technical skills are emphasized in the clinical disciplines rather than interpersonal and psychosocial ones. As a result, the vast majority of nurses do not feel confident and skilled in the latter two areas, Dr. Esplen said. Of course, this does not remove the necessity of addressing them, she added.

"I always tell nurses, 'I know you don't have a lot of time. But it's all of your care, including how you walk into that room, your stance and manner and whether you directly address patients' expectations and fears surrounding their treatment, and provide some emotional and psychological support, that matters.'"

This was echoed in a session later at the conference led by Linda Watson (RN, MScN), professional practice leader in the department of nursing at the Tom Baker Cancer Centre in Calgary. Watson conducted her master's research on overcoming the difficulty of connecting with patients on an emotional plane, in particular listening to them relate their stories surrounding having cancer.

"A lot of the time we don't know why we're reacting the way we do," she said. "It's just that we need to listen and learn from these situations, and ask ourselves, 'What's going on in me that I feel like running away and not listening to these people?'"

"If the nurse does not listen or talk, has she fulfilled her duty as a moral agent? She's delivered the treatments, but has she done what's right for the patient?"

Watson said that when she resolved to connect with patients and learn from their stories of suffering, she grew emotionally herself and also became a better nurse.

Optimal survivorship care

On the second day of the meeting, a joint symposium between CANO and its American counterpart, the Oncology Nursing Society, addressed the state of cancer survivor care across North America. New CANO president Jennifer Wiernikowski (MScN) emphasized that evidence from research supports the leadership role nurses can play in survivorship care.

"We know from this research that patients are satisfied with nurse-led care, and that is feasible to plan and evaluate nurse-led models of care for patients after cancer treatment," Wiernikowski said. "[Moving forward,] to unequivocally show equivalence to physician-led care, more well-conducted research is needed... And we need to partner with other like-minded health associations to determine the optimal model or models of nurse-led care."

Other topics addressed at the meeting ranged from how to cope with bullying in the workplace to the importance of helping patients make informed decisions about the use of complementary and alternative medicine.

Tags: CANO, Morals, oncology