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Cancer nurses: informed and responsive to change

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Abstract
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Editorial

Cancer nurses: informed and responsive to change

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Individuals affected by cancer live in a world that is at times dominated by biomedicine, treatment and technology. Most of the time, however, those in our care experience their cancer and treatment in a social world and in one that is very personal. Cancer nurses, therefore, need to be informed about the technology (therapy and developments of) and also about the individual’s context, values and beliefs in order to enable them to make informed choices and to be successful in managing treatment.

Oral anti-cancer therapy is a convenient mode of treatment delivery and one which is becoming more common and which perhaps highlights the social and personal nature of cancer treatment as individuals self-medicate and manage their therapy at home. Nurses often function as a conduit, translating and managing the impact that developments and changes in treatment bring to the people they care for.

The first two of our papers in this edition discuss innovation at both an individual level and at a broader organisational level.

Johnson and Adler report on findings from a survey of CNSA members to understand the role of nurses in supporting people being treated with oral anti-cancer therapy. What is clear is that whilst individual nurses are responding to developments in treatment delivery, broader health service-wide practice and organisations are slower to respond. Intradisciplinary and person-centred approaches and systems of care delivery need to be the driving force for organisational change. The authors provide resources and excellent strategies for rethinking care delivery across metropolitan, rural and remote arenas.

Fyfe and Nowack, in their discussion of an innovative nursing role which focuses on the needs of individuals receiving oral anti-cancer therapy, highlight the enormous impact that a dedicated nursing role can have on care delivery. Patient safety was one of the drivers for the development of the role of oral chemotherapy nurse and the development of a suite of resources, practices and quality initiatives clearly highlight the immense value of this specialist role.

Nichols’ paper continues the theme of specialist nurse roles and examines how the cancer care coordinator integrates practice and can enhance a more person-centred model of care delivery across the individual’s experience — both within and beyond the hospital.

Ireland and O’Shaughnessy’s excellent discussion paper brings to light a number of important challenges and controversies with regard to screening that nurses need to be cognisant of. Once again, the authors situate the nurse as pivotal in interpreting and delivering information to enable individuals to make informed choices about their health care.

These four papers clearly demonstrate the breadth of supportive care needs that nurse-led initiatives can address and the depth of understanding that is required to provide informed person-centred care delivery. At the same time, they demonstrate how informed cancer nurses make a difference to people affected by cancer and its treatment.

We hope you enjoy reading this edition and find these studies useful in your own practice.