

# EVIDENCE BASED PRACTICE ON ONCOLOGY NURSING

## Abstract

The health care system of today requires ongoing patient outcome improvement. As a member of the multidisciplinary team, oncology nurses are particularly interested in the efficient management of cancer symptoms and have determined the critical need for resources that make it simple to obtain the most up-to-date research for treating typical cancer symptoms. Enhancements in the standard of care and advancements in cancer nursing practices through research and evidence-based practice (EBP) are crucial for ensuring their accountability. There are **Six criteria were used to classify the overall evidence for interventions**, a.Recommended for Practice, b.Likely to Be Effective, c.Benefits Balanced With Harms, d.Effectiveness Not Established,e. Effectiveness Unlikely, f. Not Recommended in Practice. **Certain challenges for Oncology Nurses action is taken in the real world.** Oncology nurses are also aware of the value of EBP and nursing research. When real-world action is taken, there are still difficulties. Barriers of Implementation of Evidence-Based nursing. There are some certain challenges and barriers are face by the nurses when implementing the most recent research in to clinical practice.

**The following framework used is in management of patient care.**Application of the PARIHS framework to the management of cancer-related fatigue in hospitalized adult patients.

Evidence-Based Nursing Practice for Cancer Pain Management. Evidence-Based Practice Beliefs and Implementation Before and After a Campaign to Promote Evidence-Based Nursing in an Outpatient Oncology Setting

**Gap between evidence based practice and implementation**

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In fact, many nurse clinicians have a passion for improving the quality of care and advancing nursing practice via research and EBP and have a great many clinical questions and good ideas. However, they may not have time for research because their work is very demanding and they need extra support to move EBP forward in the clinical setting.

### **Responsibility of Oncology Nurses to apply Evidence Based Practice in Oncology Setting**

The role and responsibility based on 3 components of Evidence-Based Practice which the nurse always follow :

- a. Best external evidence
- b. Individual clinical expertise
- c. Patient values and expectations.

**Keywords:** Evidence based practices, Oncology, Nursing Practice , Challenges, Barriers.

## I. INTRODUCTION

The health care system of today requires ongoing patient outcome improvement. Oncology nurses are particularly interested in the effective management of cancer patients as a member of the multidisciplinary team of cancer symptoms and have determined the critical need for resources that make it simple to obtain the most up-to-date research for treating typical cancer symptoms. There is an increasing need to apply this new knowledge at the bedside since nursing practise is being supported by an exponential growth in the body of evidence. The mission of the Oncology Nursing Society (ONS) is to locate the body of evidence supporting oncology nursing and show how patient outcomes are impacted by these therapies.

Nursing-sensitive patient outcomes projects will be built on the foundation of evidence-based interventions. Nurses must be able to recognise and record outcomes that were impacted by their treatment in order to fulfil their professional obligations. It will be crucial to assess the efficacy of interventions used for cancer symptom management as knowledge grows and evidence-based practice is more frequently applied in clinical settings. It will be easier to evaluate and produce recommendations for best practice to improve patient care if interventions are supported by evidence and responses are measured in a consistent manner.

In the current cancer treatment system, oncology advanced practice professionals (APP) are crucial since they care for millions of patients and their families. This is a challenge that is particularly difficult in the era of precision medicine because of the volume of research that is being distributed, the technological advances, and the rising expense of cancer therapy. Regulatory agencies, third-party payers, patients, and families all demand error-free, superior treatment that improves health outcomes.

Nursing staff in oncology should be held responsible for providing secure and efficient cancer care because the burden of cancer affects the entire world. Enhancements in the standard of care and advancements in cancer nursing practices through research and evidence-based practise (EBP) are crucial for ensuring their accountability.

“The ONS and ASCO have a long history of working together. The clinical guidelines developed by ASCO and the evidence-based symptom-management summaries created by ONS are valuable resources for the interdisciplinary oncology team treating the patient throughout the course of their illness. The current emphasis on quality outcomes and evidence-based practices is unquestionably supported by the work of each organization.”<sup>1</sup>

**1. Six criteria were used to classify the overall evidence for interventions:** Teams of staff nurses, advanced practice nurses, and nurse scientists analyzed and summarized the literature to determine the strength of the evidence supporting nursing interventions for particular cancer symptoms. The evidence supporting interventions was separated into groups based on the consistency of the evidence, the size of the outcome, and the quality of the data .The categories comprise follows

- **Recommended for Practice:** Interventions whose efficacy has been supported by strong evidence from well-conducted studies, meta-analyses, or systematic reviews, and for which the chance of harm is minimal in comparison to benefits.

- Likely to Be Effective: Intervention with less conclusive evidence than those listed under "recommended for practice" are more likely to be effective.
- Benefits Balanced With Harms: Interventions for which patients and doctors must compare the positive and negative effects in accordance with their personal priorities and preferences.
- Effectiveness Not Established: Intervention strategies that aren't enough or high-quality data at this time.
- Effectiveness Unlikely: Interventions whose ineffectiveness is less clearly shown than those listed as "not advisable for use in practise."
- Not Recommended in Practice: Interventions for which the cost of the burden necessary for the intervention exceeds the anticipated benefit or for which ineffectiveness or harm has been categorically proven by convincing evidence.

**2. Challenges for oncology nurses action is taken in the real world:** Oncology nurses are also aware of the value of EBP and nursing research. When real-world action is taken, there are still difficulties. According to the International Agency for Research on Cancer (IARC), there were 8.2 million cancer-related deaths and more than 14.1 million newly diagnosed cases of the disease globally in 2012. In addition, there will be 21.6 new cases of cancer and 13 million cancer-related deaths by 2030. Furthermore, in 2030 there would be 21.6 million new cases and 13 million cancer-related fatalities. Although the prevalence of cancer may differ from one nation to the next, cases of cancer diagnosis have been documented worldwide. Many people are living longer following cancer treatment thanks to advancements in medical therapy and technology. 5 years after receiving a cancer diagnosis, the IARC estimated that 32.5 million people were still coping with the disease. In actuality, 50% of patients remain cancer-free up to 10 years after their diagnosis.<sup>2</sup>

All facets of the cancer care continuum are covered by oncology nurses. "They perform critical roles in assisting cancer patients and their families throughout the cancer journey, from prevention to diagnosis and treatment to survivorship and end-of-life care. Oncology nurses must be held responsible for their work in order to deliver high-quality and effective healthcare."<sup>3</sup> It is undeniable that oncology nurses value patient-centered care and are driven to improve clinical outcomes and patient care.

**3. Barriers of implementation of evidence-based nursing:** There are some certain challenges and barriers are face by the nurses when implementing the most recent research into clinical practice. Some the barriers are as follows:

- Administration support is lacking
- lack of time to properly review literature for the most reliable and relevant evidence.
- knowledge gap on evidence-based practice techniques.
- Uncertainty on whether evidence-based care will produce better patient outcomes than conventional treatment.
- Lack of enthusiasm.
- lack of self-reliance in critical appraisal skills.
- Lack of authority and co-operation to change patient care procedure.
- Negative beliefs, attitudes and values.
- Heavy patient workloads.

- Health care systems do not have enough mentors who use evidence-based practices.
- Insufficient funding and staffing.
- Understanding statistical analysis can be challenging.
- Inadequate IT Skills/Lack of Searching Ability.

**4. Application of the PARIHS framework to the management of cancer-related fatigue in hospitalized adult patients:**

As a theoretical foundation, the PARIHS evidence-implementation framework was used to give guidance regarding relevant nursing practices. Examined an evidence-based nursing practice-based paradigm of CRF management for hospitalised adult patients. The locations of the integration of guideline evidence into clinical practise were the oncology and radiation wards of a hospital with a university connection. It was explained how to incorporate the recommendation into the way cancer sufferers manage their symptoms. Three different perspectives were used to assess the impact of the evidence implementation: organizational innovations, pre- and post-evidence implementation outcome measures related to nurses, and patient outcomes. During the application of evidence to practise on the ward, the creation of a treatment protocol, health-related education, a quality control sheet, and CRF training sessions took place. The biggest obstacles were a lack of resources and inadequate communication between doctors and nurses. The two wards experienced a considerable rise in evidence-related CRF compliance as a result of its implementation, with ward B experiencing a higher level of compliance than ward A. Following its implementation on the two wards, nursing outcomes revealed a significant improvement in nursing knowledge, attitude, and behaviour ratings with regard to CRF nursing care, and the ward B nurses performed better than the ward A nurses. According to a qualitative analysis of the nurses, the primary motivators of the application were leadership, patient concern about CRF treatment, and the desire for professional growth, as opposed to the lack and mobility of nursing workers. The majority of nurses also felt more competent and assured in their abilities. Patient knowledge, attitude, and behaviour scores regarding CRF own -management dramatically improved in terms of patient outcomes. When compared to the pre-implementation treatment cycle, patients' post-implementation CRF was lessened. The process-oriented framework may offer more practical utility of the application, while the PARIHS framework may offer instructional assistance for integrating evidence into practice.

**5. Evidence-based nursing practice for cancer pain management:** It's crucial to make sure that cancer pain management is supported by the finest available research. An analysis of pain documentation can be used to analyse nursing evidence-based pain management.

This study's goals were to (a) improve and assess a measure for evaluating nurses who record cancer pain, and (b) explain how frequently and accurately nurses record cancer pain in one oncology unit using an electronic medical record system.

**Setting**

- This study was conducted at an scholastic medical centre in the Pacific Northwest's oncology department using a descriptive cross-sectional methodology.
- 37 adults who were admitted to the hospital in April and May 2013 had their medical records reviewed. Review of nursing pain documentations (N = 230) was done using an evaluation tool that was modified from the Cancer Pain Practice Index to include 13 evidence-based pain management indicators, such as pain assessment, care planning,

pharmacologic and non pharmacologic interventions, monitoring and treatment of analgesic side effects, communication with doctors, and patient education. Each item of nursing documentation was given a score between 0 and 13, with 13 representing the best evidence-based pain management.

- 90% of the pain management indications based on evidence were recorded by the participating nurses. For pharmacological therapies, bowel regimen, and pain assessments, documentation was inadequate.<sup>6</sup>

#### Beliefs in Evidence-Based Practice and Its Application Before and After a Campaign to Promote It in an Outpatient Oncology Setting

By offering the best and most recent treatment techniques, The goal of evidence-based nursing practise (EBP) is to improve patient outcomes. The Dana-Farber Cancer Institute's oncology nurses are being encouraged to use EBP. a committee chaired by nurses was formed. To examine views and implementation both before and after an institutional EBP programme was implemented, and to compare and describe oncology nurse beliefs and perceived EBP implementation.

Methods: The Advancing Research and Clinical Practice via Close Collaboration (ARCC) Model serves as the foundation for the Evidence-Based Practice Beliefs (EBP-B) and Implementation (EBP-I) measures, were distributed to all registered and advanced practise nurses at the Dana-Farber Cancer Institute through an online survey in 2011 (T1) and again in 2013 (T2) following the implementation of an institute-wide nursing EBP initiative (orientation, poster presentations, education). On the demographics and overall scores, descriptive and correlation statistics were completed. Mann-Whitney U tests were used to assess differences in beliefs and implementation scores depending on demographics. Each time point (Topen-ended )'s item responses for EBP promoters and barriers were compiled. According to the study, 32 percent of the 350 nurses who participated in the survey (n = 112 at T1 and n = 113 at T2) started it. Higher EBP-B and EBP-I scores were related to a history of formal EBP education and a nurse role (p .05). Higher education was substantially connected with both EBP-B and EBP-I (r =.25, p =.03 and.32, p =.01, respectively). It is important to mentor and assist nurses as they pursue ongoing education in EBP and the implementation of EBP reform.<sup>7</sup>

## II. GAP BETWEEN EVIDENCE BASED PRACTICE AND IMPLEMENTATION

Attending evidence-based practise forums hosted by clinical partners. The hospital hosts an EBP forum on a regular basis to allow clinical nurses to share their knowledge and experience with EBP. This is an excellent opportunity for academics to learn about the current state of clinical research and EBP in hospitals, as well as to provide comments on the forum presentations. Such ideas and experience exchanges are critical for assisting clinical nurses in their future clinical research and EBP implementation. Assisting nurses to change lives In addition to serving as a forum for ideas, it serves as a means of bringing together nurses who are passionate about using EBP to make a real difference. In fact, a lot of nurse clinicians are passionate about enhancing the standard of care and developing nursing practise through research and EBP and have a lot of insightful clinical questions. They might not have time for research, though, given how busy their jobs are and how much assistance they need to advance EBP in the clinical setting.

**1. Responsibility of oncology nurses to apply evidence based practice in oncology setting:** The role and responsibility based on 3 components of Evidence-Based Practice which the nurse always follow :

- **Best external evidence:** Consider and put into practise the most recent, therapeutically applicable, and reliable research. (For more information on the many forms of research used, see the following section.)
- **Individual clinical expertise:** Utilize your own knowledge of what has worked and what hasn't in clinical place.
- **Patient values and expectations:** Think about and respect each patient's preferences.

The following steps are recognised in health science as the "five A's of evidence-based practice":

- **Ask:** Formulate answerable clinical questions about a patient, problem, intervention, or outcome.
- **Acquire:** Search for relevant evidence to answer questions.
- **Appraise:** Determine whether or not the evidence is high-quality and valuable.
- **Apply:** Make clinical decisions utilizing the best available evidence.
- **Assess:** Evaluate the outcome of applying the evidence to the patient's situation.

### III. CONCLUSION

Improving care quality and developing oncology nurse practice through research and EBP are intertwined. Although difficulties will inevitably arise during the clinical research and EBP processes. EBP development and implementation is a protracted process that rarely goes smoothly. The EBP journey will undoubtedly be rewarding, though, and many friends will accompany and support you in making a genuine and long-lasting change. Oncology advanced practice professionals (APP) are in a unique position to identify and remove EBP barriers and contribute to the improvement of healthcare due to the diversity of their roles and clinical experience. APPs must be dedicated to EBP, familiarise themselves with its fundamental competences, and be willing to apply them in their daily work in order to accomplish this important goal. It is mandatory for APPs to demonstrate mastery of the abilities since doing so will help them integrate EBP into clinical practice, guarantee the greatest level of patient care, create the best patient outcomes, and lower healthcare costs.

### REFERENCES

- [1] [www.ASCO.org](http://www.ASCO.org)
- [2] <https://www.iarc.who.int/>
- [3] ARC. GLOBOCAN 2012: Estimated Cancer Incidence, Mortality and Prevalence Worldwide in 2012; 2012. Available from: [http://www.globocan.iarc.fr/Pages/fact\\_sheets\\_cancer.aspx](http://www.globocan.iarc.fr/Pages/fact_sheets_cancer.aspx). [Last accessed on 2016 Jan 12].
- [4] Dennis JA, Cates CJ. Alexander technique for chronic asthma. Cochrane Database of Systematic Reviews 2012, Issue 9. Art No: CD00099
- [5] Stone P, Richards M, A'Hern R, Hardy J. Fatigue in patients with cancers of the breast or prostate undergoing radical radiotherapy. *J Pain Symptom Manage*. 2001;22: 1007–1015. doi: 10.1016/S0885-3924(01)00361-X - DOI - PubMed

- [6] Choi M, Kim HS, Chung SK, Ahn MJ, Yoo JY, Park OS, Woo SR, Kim SS, Kim SA, Oh EG. Evidence-based practice for pain management for cancer patients in an acute care setting. *Int J Nurs Pract*. 2014 Feb;20(1):60-9. doi: 10.1111/ijn.12122. Epub 2013 Sep 30. PMID: 24118273
- [7] Underhill M, Roper K, Siefert ML, Boucher J, Berry D. Evidence-based practice beliefs and implementation before and after an initiative to promote evidence-based nursing in an ambulatory oncology setting. *Worldviews Evid Based Nurs*. 2015 Apr;12(2):70-8. doi: 1111/wvn.12080. Epub 2015 Feb 20. PMID: 25704058.
- [8] FGCU Library, "Evidence Based Practice (NUR 4169): What Is EBP?" Last updated June 22, 2020: <https://fgcu.libguides.com/EBP> .