ABSTRACT

Background: The oncology nurse plays a critical role in the delivery of quality nursing care to people with life-limiting conditions as they are among the most vulnerable of populations served by health services. Purposes: The study aims to explore needed competencies among nursing practicing in oncology facilities in hospital. Methods: An ethnography study was conducted in Ho Chi Minh City, Vietnam with a purposive sample of fifteen participants, including oncology nurses, nurse managers, medical doctors, and family relatives of patients with cancer. Data collection was by participant-observation, in-depth interviews and focus group discussions. Content analysis was used to analyze the data. Findings: Besides providing the regular nursing care as general nurses, nurses working in oncology settings response to specific services including end of life nursing care. Specific competencies among oncology nurses include Knowledge on science of cancer and complementary therapies; Understanding and sensitive on cultural and vulnerable groups; Knowledge and skills on palliative care and hospice; Special communication skills in vulnerable environment; and Specific essential characteristics requirement among oncology nurses. Conclusion: The knowledge generated would benefit nursing managers, nursing educators, and other significant personnel to pursue effective competency development strategies to nurses in order to achieve a high standard of nursing care in oncology settings.

Keywords: Oncology, Competency, Nurses, Vietnam

1. INTRODUCTION

Cancer is the second leading cause of death globally, accounting for an estimated 9.6 million deaths, or one in six deaths, in 2018 and is a leading cause of death, accounting for nearly 10 million deaths in 2020. The cancer burden continues to grow globally, exerting tremendous physical, emotional and financial strain on individuals, families, communities and health systems. Cancer is considered a life-threatening health problem. The individual's cancer journey can be one of the most distressing human experiences, evoking complex emotional responses including denial, anxiety, and fear which may affect a survivors' psychological well-being. People diagnosed with cancer undergo different treatment modalities, such as chemotherapy, radiotherapy, surgery and so on. Oncology nurses play a critical role in the delivery of quality nursing care to people with life-limiting conditions as they are among the most vulnerable of populations served by health services. The role of the Oncology Nurse is underpinned by holism and encompasses direct care to patients and families/caregivers in cancer care settings as part of the multidisciplinary team.

Vietnam, a developing country, with almost 100 million population, had the world’s 92nd highest cancer rate out of 185 countries and territories in 2020, up seven places from 2018, position worsens on global
cancer map. There were 182,563 new cases and 122,690 of deaths of cancer in 2020 across the country. In oncology department, oncology nurses help cancer patients with every steps of the way; look after patients’ health while managing the conditions. Oncology nurses also support patients who need healthcare in their final stage of living. They ensure that their patients endure less suffering, and maintain quality of life, as the end nears. Besides providing the regular nursing care as general nurses, nurses working in oncology department response to specific services such as end of life nursing care require nurses providing medication and/or therapy to reduce pain and symptoms caused by oncologic disease; mental health support to both patients and family members; cultural and spiritual assisting; creating healing environment; providing consultant and health education to patients and caretakers; building nurse-patient trust relationship; assisting medical doctors in performing advanced medical techniques; assisting patients and family members through the dead and dying process; and other activities. To provide caring effectively to patients and their family members, oncology nurses must be proficient in order to meet the complex blend of nursing practice in cancer settings. Understanding specific competencies of oncology nurses is important identifying the desires and information used to explore appropriate intervention approaches. This study aims to explore needed competencies of oncology nurses in cancer settings. The knowledge generated advantages nursing education in order to achieve a high standard of this specific nursing care services.

II. METHODS

Design
A qualitative, ethnographic design was chosen in this study by allowing the voice and experience of the participants to be explored, thusly providing opportunity to expected truly discover oncology competencies of nurses.

Setting and sample: Derived from purposive sampling, there were fifteen participants who participated in this study, including nurses working in oncology settings in the hospital and other health care professionals, and family members in a general hospital in Ho Chi Minh City, Vietnam.

Ethical considerations: Ethical approval was obtained from the Khon Kaen University Ethics Committee in Human Research (No. HE582133) before collecting data. Participants were informed and clearly explained about the objectives, methodologies, procedures and potential risks, as well as the study’s benefits. Informed consent was obtained from each participant before interviewing and focus group discussions (FGDs). Informants were assured anonymity, confidentiality, and the freedom to withdraw from the study at any time.

Data collection: After obtaining the approval for the study, the researcher provided clear information about the study to the potential participants, developed a trusting relationship with them and made appointments for interviews and focus group discussions. In order to gain rich information concerning research topic, multiple data sources were used to elicit information in 2016. Data sources included participant-observations, in-depth interviews, and focus
group discussion. Each interview in this study lasted from thirty to ninety minutes, and took place at an appropriate and private place in order to increase the comfort of the interviewee and the overall success of the interview. The two FGDs, each of which were composed of five members and lasted from one to two hours, were produced at a hospital meeting room. Both verbal and nonverbal inputs provided by the participants were recognized. Audio tape-recording, detailed note-taking and photography were used during the interviews and FGDs, with permission from the informants.

Data analysis: Content analysis was applied for analyzing data. Triangulation methodology was also applied. The analysis and synthesis process were immediately conducted at the completion of each participant-observation, individual interview and focus group discussion.

Findings

The participants in this study confirmed that besides providing the regular nursing care as general nurses, oncology nurses working in oncology facilities response to specific services including end of life nursing care and they described numerous of specific competencies that a nurse working in these environments need to be served belong with the requirement competencies of a general nurses. Requirement specific competencies of an oncology nurse engendered by participants can be defined into five main features, including Knowledge on science of cancer and complementary therapies; Understanding and sensitive on cultural and vulnerable groups; Knowledge and skills on palliative care and hospice; Special communication skills in vulnerable environment; and Specific essential characteristics requirement among oncology nurses.

![Specific competencies required of oncology nurses](image1.png)

Figure 1. Specific competencies required of oncology nurses
Knowledge on science of cancer and complementary therapies

Several participants in the study expressed that when taking care of patients with cancer, a nurse needs to understand science of cancer. Understanding the needs of patients with cancer, penetrating the type of sickness they are suffering, understanding thoroughly its negative effects on patients both physical and mental health aspects as well as patients’ beliefs will help nurses provide an optimal care for them. “...Need to understand patients’ needs according to particular illness and disease, deeply understand psychological aspects of patients in order to provide an optimal nursing service” (Head nurse). In addition, recognizing the needs of family members and the therapy methods for patients with cancer were also required. A doctor stated: “The environment (oncology environment) is very different. The patients are also unique and the family relatives, too. The treatment methods are also different from others... chemotherapy and radiotherapy. Oncology nurses therefore needs to be knowledgeable and skilled in the procedures applied in this environment”.

Furthermore, providing care for patients with end-stage cancer, understanding the palliative care was a vital requirement among nurses. “You see, most of patients in my department (Oncology Department) are in the end of life period. They are so poor. They have suffered from serious pain and...they hopeless...We need to understand thoroughly their situation” (Male nurse participant). Sharing the same opinion as the male nurse above, a female nurse said emotionally: “...Not only knowledge... as others (nurses in other facilities), we are oncology nurses, a competent nurse needs to thoroughly understand each patient’s situation rather than just the basic things such we have learned. Need to understand cancer science, cancer patients, palliative care, treatment methods” (Female nurse Participant).

Understanding and sensitive on cultural and vulnerable groups

Spiritual issues were significant for many patients in their last year of life and their care services. Spiritual well-being leads to protection against end-of-life depression among patients with cancer. The study participants emphasized that, in order to effectively care for cancer patients and alleviate pain for both patients and their relatives, oncology nurses need to be culturally sensitive. In addition, they need to accept sacrifices, reduce their egos, accept, sympathize and respect cultural differences to take good care of cancer patients. “You know, in Vietnam, when a person has cancer, they naturally feel guilty, they don't want to let anyone know, they are afraid that others will think that 'you have acted so evil and now you have retribution'. These thoughts and beliefs themselves turn around and kill the patients both mentally, spiritually, and... then the vicious circle affects negatively to physical aspect, too” (male nurse). Spiritual care that has recently been recognized as an effective approach in cancer care. Other participant stressed: “The Vietnamese believe in the law of cause and effect, ...in Buddhism philosophy. The patients themselves and their families, when they are ill, sometimes regret something not very good in the past, thinking that it is the result that they have suffered, ...That wears them (patients with cancer and their relatives) down...”. A qualified nurse needs to understand and break the ice of that thought as well as help, comfort, encourage and motivate the patient.

Knowledge of vulnerable group needs, wellness and illness conditions were extremely stressed. A family member of a
patient with blood cancer confirmed: “In a situation that is too difficult, confusing, and painful... No money, so poor. My family... very poor. My child has blood cancer. In addition to normal care, nurses need to have a heart of love, understanding, sympathizing and sharing with the poor one... Like the nurses here (The nurses in the facility that her child hospitalized) have helped me and helped my child a lot” (Family member participant). Moral and ethical utilizing flexibly were a mandatory requirement for a qualified nurse. A female participant emphasized that the importance of a nurse being very flexible in all circumstances and accepting and respecting the limitations and differences of the patient and family. “Each patient with cancer is in different circumstances... We try how to reduce their pain, both physically and psychologically. Stand next to them and comfort them... Help to reduce their suffering”. “You see, all patients in my department (Oncology Department) are in the end of life period. They are so poor. They have suffered from serious pain and... they hopeless... We need to understand thoroughly their situation. Each patient is in different circumstances... We could not help them much (because of very busy and overloaded work); just try how to reduce their pain, both physically and psychologically. Stand next to them and comfort them... Just this... Help to reduce their suffering.”

Advocating engagement and capacity among nurses who provide nursing care services in oncology environment were another requirement that specially emphasized. The participants explained that many patients with cancer belong to the poor and vulnerable groups in society; therefore, a competent oncology nurse needs to serve this capacity to advocate, defend, speak up, and connect patients and their families with social support resources. “My family is very poor. My child is terminally ill. Fortunately, the nurses here spoke up, contacted the press, they called on the community, sponsors to help my family. Thanks to that, my son has survived to this day. That skill, and that sharing is so important and needed” (Family member). A female nurse also proudly and emotionally shared her experience connecting with resources to support patients: “They (patients) are poor and miserable. So, we (nurses) have to understand and feel their pain and smell their difficulties, we contact the press, with sponsors, call on others to join hands to help them and we have raised a fair amount of support from sponsors to help them”.

**Knowledge and skills on palliative care and hospice**

The knowledge and skills of nurses in palliative care and hospice care are especially repeated by the study participants many times. They considered these knowledge and skills to be an indispensable competency for a nurse who care for patients diagnosed with cancer, especially at the end of life stage. “The patient is in the final stages of life, with a death sentence hanging over his head. The remaining time of many patients is calculated in months, days, even hours. He (nurse) does not understand the principles of palliative care, without skills, he cannot be said to be a competent nurse” (Male nurse). Furthermore, skillful in creating a peacefulness of dying environment were needed. Performing nursing care based on humanistic values, integrity, and dignity, was a vital concern and expectation of all the research participants. A Director of an oncology facility confirmed: “…In the Oncology Department, patients with cancer, last period of cancer, (the patients’ status)
will affect medical professionals’ psychology. Here (Oncology Department), needs a ‘cold head’ and a ‘warm heart’” (Female doctor). In addition, understanding pathological responses to bereavement and the ability to manage these responses appropriately to facilitate their grieving, in order to promote healthy adjustment in the context of bereavement is required among nurses in these settings. What the nurse participants demonstrated during the participant-observations or referred during the focus group discussions were the attitudes or acts of feeling concerned and involved. Caring, discovered including an attitude or an approach to the activity of patient care of nurses was identified as actives as well as passive behaviors. Loving and caring were coupled and had interrelation to attitude and value-based nursing care in oncology environment.

Special communication skills in vulnerable environment

The thorough communication skills were important in the provision of high-quality care by oncology nurses, influencing patient health and effective communication is necessary for optimal cancer management. “Our communication style depends on whom we contact with. Such as, a patient with cancer, who comes from countryside areas with a low education level, we will use very simple words to explain to her and aware of mental health support to her and her family” (Female nurse). Most patients stay in the hospital for a long time. Both patients and their relatives are exhausted and tired. It’s one of the most difficult periods that both patients and their loved ones are facing. “The patient’s family has suffered a lot, long-term stress... it suffers from psychological inhibition, so many of them have a feeling of letting go, letting go, abandoning the patient. drifting here is very easy, very common. They get angry very easily. They often ask why? Why? Why? If there are people (nurses) who are not skillful in communication with them, problems will happen. Therefore, communication skills are essential in this highly sensitive and traumatic environment” (Doctor participant).

Specific essential characteristics

Most of participants in both in-depth interviews and focus group discussions confirmed the important and indispensable ability of nurses providing nursing care for patients with cancer are based on humanistic values, integrity, and dignity. A female doctor, Head of Oncology Department insisted: “The ‘cold head’ to treat for patients (the patients with the last stage cancer) and the ‘warm heart’ to care for them, to share, and compassionate with them and the relatives...So difficult! Need a ‘warm heart’. If they (nurses) care for them with unmindfulness, they just perform according to ...nursing care techniques (just perform to finish the tasks) ...they will be very unmindful”.

Endless Compassion, patient and high suffering ability were also stressed as nurses’ competencies required. “…Patients with cancer ... many cases...low self-esteem, hopeless, stressful... so, they angry, patients and family relatives could argue nurses at any time without reason... require nurses ...loving, unbounded loving, release commitment, and high suffering ability...” (Female nurse. They emphasized and affirmed the stamina, both physical and mental aspects, spirit, and the willingness of nurses to make sacrifices required to care for cancer patients. A female nurse who had left her sick child home for completing her tasks in hospital shared her experiences: My child was sick; I left my child at home for someone
else to take care of. I went to the hospital for night shift, I stayed up all night, could not sleep... too crowded (many patients), lack of nurses, I couldn't sleep... sick child left at home....caring for the patients, exhausted...but still being scolded, scolded by them (patients)...Feeling very sorry, feeling sorry for my child, feeling sorry for my family ... sometimes I want to quit (quit the job as a nurse)...but I am re-thinking, sympathizes with the patients, they are in a very difficult condition, and I continue working and caring for them... Yes, it clearly takes a strong spirit of steel, tremendous endurance, and great love for the patients to survive, to continue working.”. In addition, the unfavorable working environment, a lot of pressure, the stench from the wound, the screams of pain, witnessing and daily exposure to despair, guilt, anger, death requires Nurses have a special tolerance. “The smell of the wound was terrible, extremely rotten. Nurses must be very patient, have a good stamina to be able to endure” (female nurse).

III. DISCUSSION

Oncology nursing and Palliative Nursing is a specialty, whereby nurses’ responsibilities are care for patients with cancer, patients receiving cancer treatment, patients in need of supportive and palliative care, serious problems, cancer survivors and their relatives or caregivers. Oncology nurses help cancer patients with every steps of the way; look after patients’ health while managing the conditions. Nurses support patients who need healthcare in their final stage of living, ensure that their patients endure less suffering, and maintain quality of life, as the end nears. The findings in this study are consistent with the findings from previous ones which indicated that besides general competencies of a nurse, nurses working in oncology sectors need to serve specific competencies to provide nursing care effectively to patients in difficult conditions and end of life stage.

In the study of Iacorossi (2020) showed that, specific competencies of nurses in oncological fields varied by dimensions including helping role, teaching-coaching, diagnostic function, managing situation, therapeutic intervention, ensuring quality, and work role. According to South African Nursing Council, specific competencies needed among oncology nurses consist of knowledge and awareness of cancer and palliative care; engaging in effective ethical decision-making with respect to oncology and palliative care; acting in an advocacy role to protect human right and challenges violation of the rights of the patient. According to the Oncology Nursing Society, it is necessary to assess competences in oncology settings over time to assure the delivery of both high quality and safe care to oncological patients. Palliative Care Competence Framework of Ryan also indicated principles of palliative care included Understand and be able to apply the principles of palliative care that affirm life, offer people with life-limiting conditions a support system to help them live as actively as possible until death with optimal quality of life and help families cope during illness and Understand the significance of the physical, psychological, social and spiritual issues that affect people with life limiting conditions and their families throughout the continuum of care. Demonstrate the ability to communicate effectively with individuals and families from diverse cultures and different backgrounds, using professional interpreters where necessary and/or assistive
communication technology where necessary.  
Patricia Benner in 1984 identified five levels of competence that nurses can develop over the course of their professional life, in order to optimize their performance: novice, advanced beginner, competent, advanced competent, and expert. Therefore, the continuing development of nurses’ competence is a process aimed at implementing a high-quality care, which begins with basic education and continues throughout the entire working life.

IV. CONCLUSION

Palliative care knowledge and skills, thorough communication, Spiritual care, psychological and social care skills, Skillful in creating a peacefulness of dying environment, high commitment in nursing, loving, compassion, sympathize, dignity… are very important for nurses in Oncology facilities. The findings indicated that understanding each group of patients’ characteristics, their physical, psychological conditions as well as health care needs would support nurses in caring for them effectively. Nursing training should pay attention to strengthening specific competencies needed for nurses to effectively care for patients with cancer.

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