Collaboration in cancer nursing practice

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Summary

• Although nursing represents around half of Europe’s healthcare budgets, its impact is seldom evaluated. However, given the current era of cost-containment, nursing must prove the value of its clinical effectiveness.

• Through European collaboration, the WISECARE project is working towards identifying the unique contribution of cancer nursing.

• This paper will explain the rationale and goals of the WISECARE project and demonstrate the collaborative processes involved within such a project.

• The latest results of the project will be presented to prove the value of collaboration in ensuring the development of European standards of nursing care.

Keywords: cancer, collaboration, Europe, nursing, standards of care.

Introduction

Despite the fact that nursing care represents between 40 and 60% of healthcare budgets across Europe, its impact on patient care is rarely, if ever, formally evaluated (Kearney et al., 1998). This is an unacceptable situation considering that we live in an era of cost-containment and increasing demands on finite resources. Although it is crucial that the nursing contribution to clinical effectiveness is identified, to date this agenda has been medically dominated (Antrobus,
Furthermore, difficulties in overcoming the barriers of collaborative research mean that pan-European nursing research remains in its infancy. The WISECARE project has been developed in response to this concerning scenario. WISECARE stands for Workflow Information Systems for European Nursing Care and is a European Commission-funded project. The project aims to use the latest advances in information technology to identify the unique contribution of nursing and harmonize cancer nursing care across Europe. In working towards these goals, it is hoped that the WISECARE project will go some way towards demonstrating the value of nursing care, so carving out a niche for cancer nursing within healthcare in the new millennium.

The WISECARE project

BACKGROUND

Given the changes in healthcare that are taking place across Europe, it is imperative that hospitals focus their cost-containment efforts on evaluating the impact that nursing care has on patient outcomes. It could be argued that the vast amounts of data generated by nursing staff should be used constructively for the development, evaluation and improvement of nursing protocols and guidelines. However, the vast majority of data are stored in patients’ records and are merely used for individual and operational communication purposes between individual caregivers, hospitals and community care. It is within this scene that the WISECARE project is set. WISECARE turns actual clinical care information into data ready for the development and evaluation of protocols and guidelines.

AIMS

Through the dissemination and sharing of clinical information, it is hoped that the WISECARE project will encourage European cancer nurses to compare their actual clinical practice with other clinical sites and benchmarks and develop international guidelines and protocols.

INTEGRAL COLLABORATORS

The ambitious nature of WISECARE makes collaboration across multiple sites essential and the five partners involved each bring differing expertise to the project. The European Oncology Nursing Society, a pan-European cancer nursing society, brings an established network of cancer nurses to the project. Within the WISECARE project, the School of Nursing and Midwifery at the University of Glasgow supports the European Oncology Nursing Society. The Catholic University of Leuven, co-ordinator of the WISECARE project, is responsible for the provision of statistical analysis and also simulation work of the project. The University of Kuopio and Glasgow Caledonian University have been responsible for defining user requirements, building the databases, and data collection. HISCOM, an independent company concerned with hospital management systems, is involved in the WISECARE project as assessor of the technology employed and for validation of the project. Finally, the University of Athens is responsible for networking within the project and the development of the World Wide Web site of WISECARE.

THE PRACTICE OF WISECARE

The WISECARE project uses actual clinical problems to make visible factors vital for patient care and clinical practice. Using this information, and pooling the experiences of cancer nurses across Europe, should facilitate the development of a body of knowledge of best nursing practice and lead to a move away from individual knowledge and towards knowledge-sharing, with ultimate improvements in patient care (Kearney et al., 1998).

Research must be brought closer to the practice of nursing and so closer to the practitioners in nursing (Auld, 1981). To achieve this, and to encourage a sense of ownership in the research, clinically based nurses have been heavily involved in the project since its outset. Originally five Cancer Centres from five European countries were selected to participate: Scotland, Sweden, Finland, Belgium and The Netherlands. Nurses in these five centres were involved for the first two years of the project, before being joined by nurses from cancer centres in France, England, Belgium, Slovenia, Greece and Denmark in September 1999.

The WISECARE project focuses on four patient indicators: pain, oral care, fatigue, and nausea and vomiting. State-of-the-art information technology systems allow these nurses to communicate about their patients and these clinical indicators in a way that has not been used by nurses on a pan-European basis before. Communicating in this way has the potential to markedly alter the way that nursing develops and transfers knowledge.

Benefits of collaborative endeavours

ENHANCED PRODUCTIVITY

Using the WISECARE project for illustration highlights the benefits to be gained from conducting collaborative
nursing research to develop pan-European standards of nursing care.

Firstly, it is important to consider the increased productivity gained through such collaborative endeavours. Pan-European nursing research such as the WISECARE project has allowed complex patient care problems to be addressed and the interconnected nature of patients' experiences to be highlighted. The acquisition of a larger sample size made possible through working in tandem with other European clinical sites has made the findings of the WISECARE project increasingly generalizable. This relates not only to the patient sample size \( n = 289 \) but also to the accessibility of a larger sample of nursing staff with varying abilities and skills. The larger sample size is also reflected in the variety of clinical settings within which the WISECARE project takes place, including medical and surgical locations and in-patient, out-patient and ambulatory care settings. Using collaborative ventures in this way prevents years of delay in replicating studies before impacting positively on patient care and clinical outcomes.

FINANCIAL BENEFITS

While both nursing service and education have long traditions of ‘investment’, in many countries investment in nursing research is at best sporadic and limited and at worst non-existent (European Health Committee, 1996). In oncology, as in many other specialities, the need for significant financial support will become increasingly likely as cancer nurses seek to design and implement studies that have a high degree of generalizability across Europe. Cancer nursing is currently disadvantaged in securing financial backing, as it lacks an adequate infrastructure and interest to facilitate the submission of competitive applications. WISECARE has given cancer nursing the opportunity to be involved in a project of high quality and the chance to compete on equal terms with other disciplines. The collaborative nature of the WISECARE project has allowed nurses to develop a scientific basis for nursing practice while observing the economic realities of research in practice. Indeed, the quality and generalizability of the results of collaborative research often make it more likely to receive financial backing.

SUPPORTIVE LINKS

While financial support is essential, one cannot underestimate the value of collegial support mechanisms. These have been particularly helpful in the WISECARE project. A supportive network of nurses across Europe allows all research team members to support each other, communicate their clinical concerns and pressures and overcome the feelings of isolation that are often felt by researchers. This maintains enthusiasm in the project and so ensures the successful realization of the research agenda. Most of the communication has been via e-mail. The flexibility of this communication medium appears well suited to both clinical and non-clinical staff. Indeed, although alternative methods of communication such as video or telephone conferencing have been suggested, it is problematic for clinically based staff to negotiate specific times for these to take place and the preferred method continues to be e-mail. It is crucial that such flexibility is built into a multicentre research project, as it not only provides supportive links which allow problems to be shared and solutions found, but also fosters understanding and the building of strong working relationships.

COMPLEMENTARY STANDPOINTS

Such complementary viewpoints are the final strength that we have discovered while working in this collaborative venture. The combined skills of our research team have allowed complementary viewpoints to be explored within the research setting. Team members from the academic setting have been particularly valuable in the development of the research proposal, while clinical personnel have ensured the project’s value to clinical practice and patient care.

Problems of collaborative endeavours

ORGANIZATIONAL ISSUES

Despite these benefits, the WISECARE research team have worked hard to overcome many difficulties that collaboration has engendered. The organizational aspects of co-ordinating such a huge project have been phenomenal and have stretched from crucial requirements, such as ensuring ethical approval in every clinical site, to ensuring access to a computer and e-mail facilities. Despite the acknowledged importance of standardization of the data collection process, it has been problematic to ensure this at every site. The use of a comprehensive data collection manual, which has been translated in some cases, was offered as the solution to variations in data collection. However, the manual is subject to interpretation in each of the clinical sites and despite all attempts to avoid variations in data collection, small local variations are evident.
CONFLICTING EXPECTATIONS

With such a large team, it was not unexpected that variations would also exist in expectations, considering the inherent conflict of interest between research and practice. WISECARE was not immune to this conflict of interest and it was evident after a short period of data collection that tensions were present between the clinical reality of data collection and textbook research practices. The drive for change in data collection came from two directions. Firstly, data managers felt that a great amount of data was being collected, from which only a small amount was extrapolated for use in current practice. Secondly, nurses felt that their patients were being asked to complete questionnaires that were too lengthy, in clinical practice, at an already stressful time for them. Consequently, a change to the data collection was required. Compromise was essential despite the concerns of the academic team regarding the usefulness of subsequent data collected. However, following lengthy discussion, data collection was modified to take consideration of the suggestions of both data managers and clinical nurses.

COMMUNICATION ISSUES

Considering the multinational nature of the project, it has been important to address both the language and cultural issues highlighted during the project. That the majority of the team members speak English as a second language explains some of the language problems that have been encountered along the way in the project. Individual interpretations of discussions vary tremendously. The question of translation has significant implications for the project. In the absence of a common European language, it is often customary to default to English. However, it is important that we recall that many European citizens neither can, nor want to, speak English, and that we ensure adequate translation. Members of the WISECARE research team have accepted responsibility for translation of information regarding the project for patients and staff, because it was felt that this required contextual understanding to ensure that the meaning was reconstructed appropriately.

CULTURAL DIFFERENCES

We are often told that the world is getting smaller, thanks to television, advances in telecommunications and transportation. While it may be true that on the surface we appear to converge, differences in culture exist beneath the surface (Schneider & Barsoux, 1997). One particular example from the WISECARE project highlights the potential impact of culture. Data collection for the project relies heavily on the participation of patients through the completion of standard questionnaires. However, it came to the notice of researchers that Belgian responses to the questionnaires were poorer than other sites. Closer discussions with clinical staff, identified that in Belgium questionnaires have a notoriously poor response rate. It seemed that, ‘culturally’, Belgians do not comply well with questionnaire completion. Additionally, the lengthy nature of the questionnaires also contributed to poor response rates. This illustrates that what appears on the surface to be a reasonable request in one country is quite inappropriate in another. This poor response rate was one factor that led to alterations in the data collection process, with a subsequent improvement in response rate.

If the nature of the collaborative relationship is not supportive of individual group members expressing their fears and uncertainties, both the project and the individual suffer. It is essential that team members reflect on why they feel the way they do and discuss these feelings with the team. Within the WISECARE project, demonstrating mutual respect and value through open discussion and acknowledgement of cultural differences has often helped to ameliorate tensions and anxieties. Discussions with members of the research team from all sites have allowed both anxieties to be aired and frustrations expressed and so managed sensitively and appropriately.

RESOURCE AVAILABILITY

The decision regarding the involvement of individual countries was of crucial consideration for the WISECARE project. Guidelines were developed to facilitate this process of selection. Participation criteria for the project included availability of computer facilities, access to the internet and e-mail, and membership of the European Community. Despite these relatively simple inclusion criteria, some countries did not have the facilities to participate. The frustration from this must be used to drive nurses to develop research projects that are as simple to participate in as possible.

However, as better patient care and outcomes remain the raison d'être of research in nursing, and because research should be focused on relevant clinical problems, the WISECARE project has flourished despite the frustrations that can occur when people from several disciplines collaborate. The following summary of results indicates the importance of such collaboration in the development of European standards of nursing care.

Results of the WISECARE project to date

PRODUCT DEVELOPMENT

The WISETool

The project has seen the development of a number of products to ensure its successful completion. The first of these is the WISETool, which is a mini-electronic patient record that has been specifically developed for the collection of both patient information regarding the four clinical indicators and also nursing resource data. The lack of a system or language that makes explicit what nurses ‘do’ has resulted in nursing’s invisibility within healthcare systems, with its value and importance going unrecognized and unrewarded (Clark & Lang, 1992). The WISETool has been developed to provide an element of organization to nursing care provision, implementing a universal language that links patient problems, nursing interventions and patient outcomes. Considering the preceding discussion regarding the problems of collaboration such as culture differences, it is also important, while acknowledging the importance of worldwide communication, to recall that within the UK alone nurses use very different language to describe similar patient problems. This identifies the need to develop a common language in relation to nursing’s own culture. The development of the WISETool allows nurses to focus on what they do in the healthcare system rather than what they assist others to do, developing a role for themselves as healthcare providers in their own right. Additionally, it can be hoped that a universal language will lead to a clearer delineation of the difference between professional and non-registered healthcare workers, proving the value of educated, specialist cancer nurses.

Using the WISETool in daily clinical practice has the potential to lead to improved communication and shared understanding between nurses that will enhance the structure of their work together, so making it more visible. Indeed, improved communication, recognition and understanding from both inside and outside the nursing profession may impact positively on problems of morale and recruitment. Recording patient information in a standardized manner has led to the development of a classification system for specific patient problems and to successful communication between clinical sites, avoiding the pitfalls of ambiguity and cultural differences. Empirical data have been collected that describe nursing practice across clinical sites and patient populations over time.

From this structured data collection, nurses have been able to develop a structure for the delivery of their care regarding specific patient problems. Organizing care in this structured manner will allow nursing to become more ‘visible’. The facility of ‘instant feedback’ to nursing staff regarding each patient’s clinical indicators allows nursing staff to identify when a symptom is becoming problematic for patients, implement appropriate nursing interventions, and objectively and systematically evaluate the impact of their nursing care. Exercising this level of control over their care empowers nurses to prove its value.

The WISETool has also received positive feedback from patients involved in the project. They explain that participation in the project has allowed them to become important contributors in their care, as opposed to passive recipients. They perceive that their feelings and experiences have been increasingly considered in their treatment plan. Completing the standard questionnaires would appear to have given patients a vehicle that allows them to express feelings and concerns that they would otherwise have found difficult to raise with members of the healthcare team, emphasizing the importance of enhanced communication.

One potential explanation for this could be that the four clinical indicators initially selected by nurses reflect patients’ primary concerns, and from this patients perceive that nurses are particularly ‘in tune’ with their needs and therefore feel able to discuss their problems with this particular professional group. While standard classification systems such as North American Nursing Diagnosis Association (NANDA) (NANDA, 1990) and International Classification for Nursing Practice (ICNP) (Clark & Lang, 1992) have been criticized for their lack of relevance to patients, tailoring of the data collection system used in the WISECARE project has facilitated the development of a system appropriate to both patients’ and nurses’ needs. Whatever the explanation for this enhanced communication, it has allowed nurses to develop a better understanding of patients’ experiences and to learn from them. Sharing this new-found information with European colleagues through novel communication channels will facilitate the development of standards of nursing care for evaluation purposes.

Furthermore, the WISETool has provided a nurse-focused system, through concentrating on established patient problems and nursing interventions. Organizing patient data through standardized data collection has allowed nurses in each of the sites to increase their body of knowledge regarding the importance of these problems to patients and so highlight the importance of their subsequent nursing interventions. The use of a universal language has facilitated comparison of patient outcomes across individual
sites and encouraged communication between countries regarding nursing interventions for specific patient problems. Consequently, nurses’ importance as providers of contemporary healthcare has increased.

Thus, while the WISETool has been broad enough to serve the multiple purposes required by the different countries involved, it is also simple enough to be regarded by nursing practitioners as a meaningful description of practice. Nurses involved in the project have found it a useful means of structuring practice, and useable, in a complementary or integrated way, with existing nursing documentation.

The WISECompass

The second important development in the project is the WISECompass. This is a questionnaire for nursing staff involved in the project that allows them to evaluate the impact of this information technology on their daily practice and comment on the various aspects of the project. The purpose of the WISECompass is to gain evaluative data about the effects of the WISECARE project, that is, to verify the results of the project in relation to clinical practice and the impact of this on patient care. It differs from the WISETool in that it does not aim to influence clinical nursing practice but investigate the changes that have taken place in that practice. The WISECompass evaluates the impact of the WISECARE project regarding project management and the introduction of telematics to nursing, nursing assessment, planning and interventions generally, and specific changes in practice relating to the clinical indicators of pain, nausea and vomiting, oral care and fatigue.

HARMONIZATION OF PRACTICE

While there is little doubt that nursing has undergone major changes in the last decade, change is often viewed as stressful, with factors such as low morale, reduced productivity, narrow outlooks and reluctance to take risks all impeding the change process (Jootun & Fitzcharles, 1998). However, as change is the only constant in nursing, and is now faster and more complex than ever before (Manion, 1994), nurses must develop a new mindset more in tune with a constantly changing world (Muller, 1992). Although change can create uncertainty and discomfort, it often leads to real innovation, providing an abundance of opportunities for creating a better way forward (Poggensee, 1992). The WISECARE project provides such an opportunity for innovation. Evidence from the WISECompass and discussions with clinically based nursing staff highlights the changes that participation in the WISECARE project has brought. While evidence of specific changes in clinical practice regarding specific nursing interventions are evident, the change in philosophy and structure of care brought by participation in the project are also obvious in discussions with nursing staff.

The opportunity to discuss and compare nursing interventions and consequent patient outcomes using the latest IT facilities on a pan-European basis is an entirely novel concept for nursing. It has stimulated debates among nursing staff regarding best practice guidelines for specific clinical indicators. Comparing the various nursing intervention protocols from each clinical site, in tandem with up-to-date literature reviews, encourages integration of the most recent advances in nursing care into daily clinical practice. Improvements in both patient and professional communication regarding these clinical indicators has developed the body of knowledge surrounding them, and this will inevitably lead to improved standards of care. In conjunction with this enhanced communication, nurses involved in the project have grown in their appreciation of the impact that information technology has already had and will continue to have on their clinical practice. They acknowledge that using this type of technology appropriately in nursing has fostered a clearer delineation of patients’ problems and standards of nursing care provided to patients for these problems. Indeed, participation in the project has provided them with a tool to prove that nursing makes a tangible difference to patient outcomes.

Conclusion

While not all nurses can or should be researchers, all nurses should be involved in some aspect of the research process. Participation in the WISECARE project has given not only individual nurses the opportunity to learn and develop critical inquiry, but also the nursing profession the chance to develop and harmonize standards of care across Europe to enhance patient outcomes.

Harmonizing cancer nursing care across Europe through greater dissemination of information and equitable access to expertise has the potential to result in increasingly positive patient outcomes. Ensuring a clinical focus by involving clinically based nurses from the outset and encouraging European collaboration has meant that the WISECARE project will contribute substantially to the scientific knowledge-base of nursing, through the provision of clinically relevant results. European cancer nurses must use this collaboration, communication and clinically relevant evidence to produce European standards of nursing care that will ensure positive patient outcomes and identify the
unique contribution of nursing, ensuring its place in contemporary healthcare provision in the next millennium.

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