‘I know the difference it has made in people’s lives’: Perceptions of Rural South Australian Nurses Extending Their Role to Administer Chemotherapy

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School of Nursing, the University of Adelaide

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Declaration of Originality

This work contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

I give consent to this copy of my thesis, when deposited in the School of Nursing Library, being available for loan and photocopying.

Qasem Alnasser

Signed: ____________________ On: November 20, 2014
Acknowledgment

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Abstract

Nurses in rural Australia are currently administering chemotherapy in centres where this was not previously the case. This has resulted from an Australian Government strategy to contain and close the gap in population health outcomes between rural and metropolitan residents in Australia. One initiative has been education of rural health care professionals who work with cancer patients. In South Australia (SA) a State-wide Chemotherapy Education and Assessment Program was implemented using the Antineoplastic Drug Administration Course (ADAC) developed by the Cancer Institute of New South Wales (NSW). This research project explored the perceptions of nurses working in level-one rural centres administering low risk chemotherapy protocols in SA.

Critical social theory was used to explore the hidden constraints, conscientize and empower participants. Through individual interviews a dialectic process was developed to collect the data from eight participants who were rural registered nurses working in low risk chemotherapy centres.

The data analysis revealed four main categories of findings. These were; 1) role extension, preparedness and self-confidence; 2) chemotherapy services in rural areas; 3) power relationship, referrals and sustainability; and 4) communication with other cancer settings and professionals. These four categories represent the participants’ perceptions of their role and the provision of chemotherapy services in rural areas.

Participants valued the service highly but identified areas that they find problematic including maintenance of knowledge and skills. It was also perceived that rural nurses do not have input into the referral process and fear that the service is being underutilised due to low referral rates from metropolitan centres.

Based on the findings, literature review and current knowledge of cancer education some recommendations were suggested. These recommendations included, developing an education module for rural cancer chemotherapy practice, implementation of an annual re-credential course and clinical rotation to a higher chemotherapy administration service, a more explicit patient referral process would
help to identify patients eligible for chemotherapy treatment in low risk centres, upgrade of centres to enable them to manage medium risk level treatments would increase the volume and familiarity of nurses administering treatments, and lastly, use of telehealth communication for education and communication.
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<tbody>
<tr>
<td>AACR</td>
<td>Australian Association of Cancer Registry</td>
</tr>
<tr>
<td>ADAC</td>
<td>Antineoplastic Drug Administration Course</td>
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<tr>
<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>ANMC</td>
<td>Australian Nursing and Midwifery Council</td>
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<tr>
<td>ARIA</td>
<td>Accessibility/Remoteness Index of Australia</td>
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<tr>
<td>ASGC</td>
<td>Australian Standard Geographical Classification</td>
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<tr>
<td>BSA</td>
<td>Body surface area</td>
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<td>CanNET</td>
<td>Cancer Services Network National Demonstration Program</td>
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<tr>
<td>CINAHL</td>
<td>Cumulative Index to Nursing and Allied Health Literature</td>
</tr>
<tr>
<td>COSA</td>
<td>Clinical Oncology Society of Australia</td>
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<tr>
<td>CPD</td>
<td>Continuous Professional Development</td>
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<tr>
<td>CSC</td>
<td>Clinical Service Coordinator</td>
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<tr>
<td>CST</td>
<td>Critical Social Theory</td>
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<tr>
<td>EPICC</td>
<td>Education Program In Cancer Care</td>
</tr>
<tr>
<td>EdCaN</td>
<td>National Cancer Nursing Education Project</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
</tr>
<tr>
<td>HREC</td>
<td>Human Research and Ethics Committee</td>
</tr>
<tr>
<td>MDT</td>
<td>Multidisciplinary Team</td>
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<tr>
<td>MDC</td>
<td>Multidisciplinary Care</td>
</tr>
<tr>
<td>MOGA</td>
<td>Medical Oncology Group of Australia</td>
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<tr>
<td>PEPA</td>
<td>Program of Experience in the palliative Approach</td>
</tr>
<tr>
<td>PICC</td>
<td>Peripherally Inserted Central Catheter</td>
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<tr>
<td>Abbreviation</td>
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<td>--------------</td>
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<tr>
<td>RCC</td>
<td>Regional Cancer Centre</td>
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<td>RCMP</td>
<td>Rural Chemotherapy Mentoring Program</td>
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<tr>
<td>RRMA</td>
<td>Rural, Remote and Metropolitan Areas</td>
</tr>
<tr>
<td>USA</td>
<td>United States of America</td>
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