

SCHOOL OF
NURSING



THE UNIVERSITY
of ADELAIDE

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

Qasem Alnasser

RN, Dip.N, BSN

A Thesis Submitted to the University of Adelaide
In Fulfilment for the Requirements for the Award of
Master of Nursing Science (Oncology Nursing)
School of Nursing, the University of Adelaide

November 2014

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

I would like to thank my supervisors Dr Kate Cameron and Mrs Janette Prouse for their support, guidance and patience. Their encouragement and complete faith have enabled me to persevere and complete this study.

A special thank you to the participants of this study for their time and cooperation as well as their valuable insight.

I must thank Lyn Olsen, Andrea Church and Tamika Calver from Country Health SA; Karyn Andrews from Lyell McEwin Hospital for their valuable contributions and advice that facilitated the research process. Their valuable help extended from proposal development to providing some valuable information that helped me in the recruitment process.

I also must thank Dr Kate Gunn from Cancer Council SA who reviewed my proposal and provided some valuable inputs.

I would like to thank my parents for their prayers that made me feel comfortable and serene while I was writing this thesis.

Finally, I would like to thank my wife Layla, my daughter Zahra, and my sons Abdullah and Mohammed for their unconditional support. Without their sacrifices this thesis would not have been completed.

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.

Contents

Declaration of Originality	ii
Acknowledgment	iii
Abstract	iv
Contents	vi
List of Figures	ix
List of Tables	x
List of Abbreviations	xi
Chapter 1 Introduction	1
Preface.....	1
1.1 Introduction	1
1.2 Remoteness Classification	2
1.2.1 Study Context.....	5
1.2.2 Rural Nurses.....	5
1.2.3 Chemotherapy in Rural South Australia	6
1.2.4 Rural Cancer Units in South Australia.....	6
1.3 The Researcher’s Experience of Chemotherapy Administration in Saudi Arabia	8
1.4 Statement of the Research Question	9
1.5 The Aims of the Study	10
1.6 Significance of the Study	10
1.7 Assumptions.....	11
1.8 Conclusion.....	11
Chapter 2 Background and Literature Review	13
Preface.....	13
2.1 Introduction.....	13
2.2 Searching the Literature.....	13
2.3 Background and Literature Review.....	15
2.3.1 The Changing Role of Nurses in Rural Cancer Care.....	15
2.3.1.1 <i>Healthcare Access Burden</i>	15
2.3.1.2 <i>Improving and Facilitating Access to Health Services in Rural Areas</i>	17
2.3.1.3 <i>Linking Regional and Metropolitan Cancer Services</i>	17
2.3.1.4 <i>Educating Rural Healthcare Professionals Who Work with Cancer Patients</i>	18
2.3.2 Limited Research on Rural Nurses Working in Cancer Care	20
2.3.2.1 <i>Internationally</i>	20
2.3.2.2 <i>Nationally</i>	21
2.4 Conclusion.....	25
Chapter 3 Methodology	27
Preface.....	27
3.1 Introduction	27

3.1.1 The Appropriate Methodology.....	30
3.1.2 Critical Social Theory in a Qualitative Paradigm	30
3.2 What is Critical Social Theory?	30
3.3 History of Critical Theory (The Frankfurt School).....	31
3.3.1 Immanuel Kant (1724–1804), Georg Wilhelm Hegel (1770–1831).....	32
3.3.2 Karl Marx (1818–1883)	32
3.3.3 Max Horkheimer (1895–1973)	34
3.4 Jürgen Habermas and Critical Social Theory.....	35
3.5 Definition of Critical Social Theory	37
3.6 Critical Theory and the Research Question.....	39
3.7 Conclusion.....	41
Chapter 4 Methods.....	43
Preface.....	43
4.1 Introduction	43
4.1.1 Pilot Interviews	44
4.2 Data Collection.....	47
4.2.1 Interview	47
4.2.1.1 <i>Categories of the Interview Questions</i>	48
4.2.1.2 <i>Physical Setting of the Interviews</i>	48
4.2.1.3 <i>Transcribing the Interviews</i>	49
4.2.2 The Setting	50
4.2.2.1 <i>Geographical Location of the Study Setting</i>	50
4.2.3 Population	51
4.2.3.1 <i>Inclusion/Exclusion Criteria</i>	51
4.2.3.2 <i>Sampling and Participants</i>	51
4.2.3.3 <i>Rural Nurses’ Willingness to Participate</i>	52
4.2.3.4 <i>Recruitment</i>	52
4.2.4 Data Analysis	53
4.2.5 Trustworthiness	55
4.3 Ethical Considerations	55
4.3.1 Participants’ Anonymity	56
4.3.2 Informed Consent.....	57
4.4 Conclusion.....	58
Chapter 5 Analysis	60
Preface.....	60
5.1 Introduction	60
5.2 Participants’ Characteristics.....	61
5.2.1 Demographic Data Analysis	61
5.2.2 Experience in Chemotherapy Role.....	61
5.2.3 Non-Categorical Findings	62
5.3 Categorical Findings	62
5.3.1 Main Category (1) Role Extension, Preparedness and Self-Confidence ..65	
5.3.1.1 <i>Chemotherapy-Related Roles</i>	65
5.3.1.2 <i>Non-Chemotherapy-Related Roles</i>	70
5.3.1.3 <i>Level of Confidence</i>	71
5.3.1.4 <i>Education and Training</i>	75
5.3.2 Main Category (2) Chemotherapy in Rural Areas	78
5.3.2.1 <i>Benefits of the Service</i>	79
5.3.2.2 <i>Constraints of the Service</i>	81

5.3.3 Main Category (3) Power Relationships, Referrals and Sustainability.....	83
5.3.3.1 Low Number of Referred Cancer Patients	83
5.3.3.2 Difficulties in Sustaining Knowledge and Skills	85
5.3.3.3 Fear of Losing the Entire Service	88
5.3.4 Main Category (4) Communication with Other Cancer Settings and Professionals	92
5.3.4.1 Limited Network Between Metropolitan and Rural Cancer Services.....	92
5.3.4.2 Organised Network with Metropolitan Hospitals	94
5.3.4.3 Sub-Optimal Handover Between the Referring and the Receiving Hospital	95
5.4 Conclusion.....	97
Chapter 6 Interpretation and Discussion.....	99
Preface	99
6.1 Introduction	99
6.2 Restatement of the Research Problem.....	100
6.3 Summary Description of the Research Process	100
6.4 Interpretation and Discussion of the Major Findings.....	101
6.4.1 Category 1: Role Extension, Preparedness and Confidence	101
6.4.1.1 Chemotherapy and Non-Chemotherapy Roles.....	101
6.4.1.2 Confidence to Undertake the Role and Applicability of the Training Course	103
6.4.2 Category 2: Chemotherapy in Rural Areas	104
6.4.2.1 Benefits and Constraints of the Service in Rural Areas.....	104
6.4.3 Category 3: Power Relationships and Sustainability	106
6.4.3.1 Low number of referred cancer patients.....	106
6.4.3.2 Difficulties sustaining knowledge and skills	106
6.4.3.3 Fear of losing the entire service.....	106
6.4.4 Category 4: Communication with Other Cancer Settings and Professionals	109
6.4.4.1 Limited network between rural and metropolitan hospitals	109
6.4.4.2 Well organised network between rural and metropolitan hospitals	109
6.4.4.3 Sub-optimal handover between the referral and received hospital .	109
6.5 Study Strengths and Limitations:	111
6.6 Recommendations for Further Investigation.....	112
6.7 Conclusion.....	114
References	115
Appendices	120

List of Figures

Figure 1.1: ARIA Areas of Australia	4
---	---

List of Tables

Table 2.1: Keywords	14
Table 5.1: Participants' Demographic Data	61
Table 5.2: Categorical Findings	64

List of Abbreviations

AACR	Australian Association of Cancer Registry
ADAC	Antineoplastic Drug Administration Course
AIHW	Australian Institute of Health and Welfare
ANMC	Australian Nursing and Midwifery Council
ARIA	Accessibility/Remoteness Index of Australia
ASGC	Australian Standard Geographical Classification
BSA	Body surface area
CanNET	Cancer Services Network National Demonstration Program
CINAHL	Cumulative Index to Nursing and Allied Health Literature
COSA	Clinical Oncology Society of Australia
CPD	Continuous Professional Development
CSC	Clinical Service Coordinator
CST	Critical Social Theory
EPICC	Education Program In Cancer Care
EdCaN	National Cancer Nursing Education Project
GP	General Practitioner
HREC	Human Research and Ethics Committee
MDT	Multidisciplinary Team
MDC	Multidisciplinary Care
MOGA	Medical Oncology Group of Australia
PEPA	Program of Experience in the palliative Approach
PICC	Peripherally Inserted Central Catheter

RCC	Regional Cancer Centre
RCMP	Rural Chemotherapy Mentoring Program
RRMA	Rural, Remote and Metropolitan Areas
USA	United States of America