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**NURSES` PERCEPTION OF THEIR KNOWLEDGE AND
EXPERTISE IN BREAST CANCER CARE**

Thesis

**CENTRAL OSTROBOTHNIA UNIVERSITY OF APPLIED
SCIENCES**

Degree Programme in Nursing

February 2012

Department Unit of Health, Welfare and Culture	Date February 2012	Author Elizabeth Opiyo
Degree Programme Degree programme in Nursing		
Name of thesis NURSES` PERCEPTION OF THEIR KNOWLEDGE AND EXPERTISE IN BREAST CANCER CARE		
Instructor (s) Anita Hollanti, Marjo Tilus-Sandelin		Pages 43 + Appendices (3)
Supervisor Marja-Liisa Hiironen		
<p>The purpose of this study was to reveal nurses' preparedness to provide nursing care for breast cancer patients by investigating whether nurses working with breast cancer patients have sufficient knowledge about breast cancer care. A further purpose was to interrogate the nursing staff levels of expertise in breast cancer care. The goal of this research was to enhance breast cancer nursing care, thereby leading to a better patient centered care and also increasing the quality of care by developing the nursing staff's abilities.</p> <p>The research was carried out using a quantitative study method. The response was from nurses working in the Oncology Unit in the Central Hospital, Kokkola. An amount of 32 out of 40 nurses accounting for 80% of the target group responded in this study. A closed-ended questionnaire with 21 questions was used for data collection after piloting (n=1). Analysis of the data was carried out using Statistical Package for the Social Sciences (SPSS) programme. Ethical considerations were taken into account in all phases of the research.</p> <p>Results in this study indicated that four types of knowledge existed; empirical, aesthetic, personal and ethical knowledge with ethical knowledge as the highest outcome. Majority of the nurses stipulated at the competent level of expertise. Several factors were responsible for the above; education, work experience and work contract. The results identified that majority of the nurses were motivated to improve patient centered care by meeting patients expectations, imparting adequate information, achieving mutual trust, creating time for personal discussions, encouraging patients to participate in their own care and taking patients well being into consideration.</p>		

Keywords

Breast cancer, expertise levels, nursing knowledge, patient centered care.

ABSTRACT

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1 INTRODUCTION

The word cancer is derived from a Latin word that means “crab-like”. It is a descriptive term that indicates an abnormal growth of cells where the initial control and repair mechanisms have broken down allowing these cells to grow and multiply without the normal constraints. Cancer occurs as a result of mutations or abnormal changes in the genes responsible for regulating the growth of cells and keeping them healthy. The characteristic feature shared by all cancers is that the normal balance between cell multiplication and cell death is lost. Lack of cell regulation leads to variable patterns of growth whereby some expand rapidly and others slowly. Cancer tumors have the potential to break away from their location and spread to other parts of the body. This causes a disruption in the normal functioning of the invaded area. (Clarks, Flanagan & Kendrick 2002, 93-111.) Cancerous change in a body can happen anywhere but it is more common in some organs than others.

Cancer is a common disease in the Western world because majority of the population is ageing. One in four people in Finland become ill with the disease. Each year, 27000 people incur a cancer diagnosis, meaning that over 100 people in Finland are diagnosed with the disease on each weekday (Cancer Society of Finland 2010). Breast cancer has been the most frequent cancer among women in Finland since 1960's. The incidence is very low among women below 30 years but increases after 45 years of age. In 2007, over 4000 new breast cancer cases were diagnosed of which about 1200 cancers were by the population-based screening programme. The annual number of all cancer cases is predicted to increase by 3150 cases per year by 2020 and breast cancer is responsible for one-third of the increment among women (Finnish cancer registry 2010).

Breast cancer is the most common form of cancer among women. It is also the second leading cause of cancer deaths among women. A number of 191400 women were diagnosed with breast cancer in the year 2006. In the same year 2006, 40800 women died from breast cancer (Centre for Disease Control and Prevention 2010). It is a wonder whether there is a certain reason breast cancer cases have inclined alarmingly and the surviving cases on the other hand are few. Nurses have an obligation to provide breast cancer patients with support in their journey with the illness.

The purpose of this study was to reveal nurses' preparedness to provide nursing care for breast cancer patients by investigating whether nurses working with breast cancer patients have sufficient knowledge about breast cancer care. A further purpose was to interrogate the nursing staff levels of expertise in breast cancer care. The goal of this research was to enhance breast cancer nursing care, thereby leading to a better patient centered care and also increasing the quality of care by developing the nursing staff's abilities.

Quantitative study method was used while carrying out the research. Data was collected using close-ended questionnaires handed out to nurses working in the Central Hospital in Kokkola in Oncology Unit and the Surgical Ward. Accuracy, validity and reliability were ensured through all phases of the study. The data was analyzed using Statistical Package for the Social Sciences (SPSS) programme.

This topic was chosen for exploration because the researcher was studying to become a Public Health Nurse and furthermore, cancer patients are one of the groups that the researcher will be dealing with in the future. Secondly, the statistical data mentioned earlier are alarming. The researcher discussed with many healthcare professionals about breast cancer and nursing care and majority of them agreed that it is a good research topic.

2 BREAST CANCER

Breast cancer is predominantly a disease for older women though it can and does occur in women below 30 years. It can occur in men but it is very uncommon. Studies suggested that less than 1% of breast cancers occurred in men (Saunders & Sunil 2009). As for men, it presents as a lump in the tissue behind the nipples, below the arms and lymph nodes. Investigations and treatments are similar to those of women. About 5-10% of breast cancers are caused by gene mutations inherited from one's mother or father. The remaining 90% of breast cancers are due not to heredity but genetic abnormalities that happen as a result of the aging process and life in general. Breast cancer is a serious and potentially life threatening condition (Sainio 2002).

Benign breast disease has shown to be associated with a very slight increased risk of breast cancer for example; people with epitheliosis are more predisposed than those without. Women consuming contraceptive pills have a slightly increased risk of acquiring breast cancer. No conclusive evidence proves that any dietary factors either predispose or protect an individual from developing breast cancer. Women with an early menarche and late menopause have an increased lifetime exposure to estrogen, which may be associated with a small but significant increased risk of developing breast cancer. Obesity and alcohol consumption creates an increased risk of developing the disorder. The biggest risk factor for developing breast cancer is old age. (Saunders & Sunil 2009.)

Effective mass screening for cancer works best in Finland. Individual invitations are remitted and patients' data from invitations and test results are registered for evaluation. Breast cancer screening is among the population based cancer screenings carried out as a routine health care service in Finland. The screening in Finland is performed by mammography at special breast cancer screening units. An X-ray is taken on both breasts at different angles. If the first mammogram is unclear or any abnormality is detected, the individual will be contacted for further assessment that includes; additional mammogram, ultrasonography, fine/core-needle biopsy, galactography and pneumo-cystography. If the possibility of cancer cannot be excluded, a biopsy with open surgery is performed. (Cancer Society of Finland 2010.)

The screening programme detects an early phase cancer if it is detectable by mammography but not yet palpable. The impact of screening on the reduction of mortality is due to early detection of these slowly growing cancers. Municipalities organize the free of charge screening for women aged between 50 and 69 years because their risk of developing breast cancer is high. Women are invited to screening biannually and they receive their first invitation at the age of 50. The written invitation letter is posted personally as well as the results of the mammogram. Over 1 800 000 women have been invited to the screening since the year 2000. (Cancer Society of Finland 2010.)

A healthy balanced diet, moderate alcohol intake, minimizing Hormone Replacement Therapy use to shorter period as it is needed and only for menopause symptoms, maintaining weight at a recommended level and regular exercise of about 30 minutes a day will minimize breast cancer risks. Other preventive measures are; breast self-examination, regular screenings and mammograms. In these cases, the breasts are palpated to check for any abnormalities. (Saunders & Sunil 2009, 14-15.)

Newer and more effective treatments are continually being developed and these offers women with early breast cancers a chance of cure. These advanced treatments have accelerated over the last few decades and have led to significant improvements in mortality and morbidity. (Clarks et al. 2002, 93-111.)

3 NURSING CARE

Nursing is a caring relationship that enables condition of connection and concerns. Caring sets up the possibilities of giving help as well as receiving help. Nursing is termed as a caring practise whose science is guided by the moral acts and ethics of care and responsibility. Nursing practise is the care and study of the lived experience of health, illness and disease and their relationship. The unique function of the nurse is to assist the individual whether sick or well, in the performance of those activities contributing to health or its recovery that he/she would perform unaided if the person had the necessary strength, will or knowledge and to do this in such a way as to help him gain independence as rapidly as possible. (Marriner-Tomey & Alligood 2006, 150.)

Nursing care is a skilled, safe, high quality, holistic, ethical, collaborative, individualized and an interpersonal caring process that is planned and designed based on the best evidence available. It results in positive patient outcomes, optimization of health, palliation of symptoms or a peaceful death (Dalpezzo 2009). Nursing care encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings.

It is also the protection, promotion, optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response and advocacy in the care of individuals, families, communities and populations. (American Nurses` Association 2011.)

The purpose of nursing care is to promote; health, healing, growth and development and to prevent; disease, illness, injury and disability. Nursing care is a value and an attitude that has become a will, an intention or a commitment that manifests itself in concrete acts. Nowadays, nurses provide care to a wide range of clients and patients. They promote wellness in people who are healthy or ill. This may involve individual and community activities to enhance healthy lifestyles, such as; care support, counselling, improving nutrition and physical fitness, immunisation, preventing drug and alcohol misuse, restricting smoking and preventing accidents and injuries in the home and workplace. (Kozier, Erb, Berman, Snyder, Lake & Harvey 2008.)

Caring is the beneficent attending of an individual, through actions or omissions towards another Person (Clarks et al. 2002,147). Caring practise involves Connection, mutual recognition and involvement. Nurses offer services (psychological support, supportive care function and rehabilitation) that are efficient and effective and improve patient satisfaction especially in breast cancer care. It is true that initiatives are not just concerned with handing out roles but are concerned with transiting the care process and prioritizing the patients' difficulties and problems (Clarks et al. 2002, 9).

Caring in nursing is manifested in a relationship form. Watson (1996) identified that a transpersonal caring relationship is when the nurse enters into the life space of someone else. Endowment of a caring relationship depends on a moral responsibility by the nurse and his/her ability to determine and understand another person's state of being. Mutuality is important in this kind of relationship because it creates a partnership between the client/patient and the nurse (Watson 1996). The nurse conveys conscious awareness and is open to opportunities for client connection. Both nurse and client recognize the meaning in the participation of health and illness through this caring. This accords an alteration and advancement of the nurse and the client (Kozier et al. 2008, 451).

The best way to help someone diagnosed with breast cancer is by being ready and available to listen to the patient. It is better to encourage breast cancer patients to talk about difficult matters than to scrutinize the patient to forget the situation and think of other factors. Breast cancer patients are filled with fear and anxiety and they need support. It is disappointing when breast cancer patients' refuses support or withdraws but it does not mean that care and concern are pointless. Breast cancer patients' demands that those close to them face their own feelings. Being ill with cancer is a crisis that tests those that are closest to you. They can receive support from the Finnish Cancer Organization. Breast cancer patients can access contact with the National Advice Service of the cancer organization that has oncology nurses on duty for advice services. The cancer organizations and the patient organizations also arrange; meetings for relatives, support groups and courses. There is also an online peer support whereby relatives and friends of other cancer patients can discuss their matters. (Cancer Society of Finland 2010.)

Truett (1999) identified that most cancer patients experience suffering during their care process. Suffering is a threat, loss or violation of an individual self. It creates an impact of illness on the patient. Suffering can be explained in relation to illness, life and care.

Suffering related to care encompasses neglect and excercises such that the patients dignity and human values are violated. While securing patients dignity and quality of care, suffering determines and leads to improvements in care quality (Truett 1999). Cassel (1999) described that most health care professionals are not aware of the suffering of patients. Nurses need to understand the sufferings related to care (Cassel 1999). It is not only related to the patients` internal world but also the hospital organisation and nurse patient relationship (Nordman, Santavirta & Eriksson 2008).

Most patients feel devastated and frustrated when diagnosed with cancer. Cancer patients often begin to seek for additional source of support in handling the stress in their illness due to fear of uncertain future. Hope is an effective coping strategy for cancer patients. Hope is directed to the future. Individuals with adequate hope might change a situation or illness. Hope is a coping strategy for individuals experiencing difficulties from a medical point of view. It provides adaptive power and personal adjustments during suffering. It is important for nurses to maintain and enable a sense of hope to cancer patients to assist them to battle with the illness. (Chi 2007.)

Most hospitals and polyclinics in America have trained breast nurses (also known as breast cancer nurses) as part of the professional team looking after breast cancer patients. Breast nurses have a wide ranging role to play. They are the best source of accessing information. They increase patients` awareness of locations of acquiring psychological and practical help/support. They are well trained in helping women cope with strains of diagnosis and treatment. Most patients especially the women will meet the breast nurse at the early stages of their breast cancer journey. Doctors have been criticised for not treating the patients holistically but rather being too focused on the disease. The treatment void is filled by the breast nurses through overseeing the entire process. They institute an area of expertise to cancer care that precipitates treatment and its aftermath to be easier. (Saunders & Sunil 2009.)



GRAPH 1. Role of the breast cancer Nurse (Adapted from Saunders & Sunil 2009, 104.)

Graph 1 above illustrates the different roles of a breast cancer nurse. The nurse provides counselling services, general practical advices, follows up the patient care, advices on prosthesis, family support and refers patients to other professionals if need be.

4 TYPES OF NURSING KNOWLEDGE

Nursing incorporates different types of knowledge that are consolidated to guide nursing practise. Knowledge criteria involves systemic knowledge and specialized education. The mixture of nurses with higher educational background and those with basic education creates a difficulty in describing nursing care (Huber 2000, 38). The precedent years has experienced many changes in the types of work undertaken by cancer nurses. Roles are becoming more diverse as technology as well requires nurses to extend their skills of supportive care. Roles are becoming more technical with many cancer nurses taking responsibility such as inserting cannulae, administering chemo-therapy, provision of advice, management of central venous lines and offering advice on symptom control. Nurses have become more informed as a greater number have access to post registration education and other professional development. (Clarks et al. 2002, 3.) Nurses require the competences below in their daily work to develop a professional practise.

4.1 Empirical knowledge

Carper (1978) stated that empirical knowing is the scientific competence for the sole purpose of describing, explaining and predicting phenomena in the discipline of nursing care. It ranges from factual, observable phenomena to theoretical analysis (Carper 1978). Nurses require empirical knowledge in their daily profession. Swanson (1991) in her theory defined caring as a nurturing way of relating to a valued, to whom one feels a personal sense of commitment and responsibility. She suggested that a clients wellbeing should be enhanced through the caring of a nurse who understands the common human responses to a specific health problem (Swanson 1991). The theory focusses on caring processes as nursing interventions. The five caring processes are; knowing, being with, doing for, enabling and maintaining belief (Parker 2001, 411-420).

Benner and Wrubel (1989) illustrated that caring is the essence of excellence in nursing. Caring practise requires attending to a particular client overtime, determining matters to the person and using this knowledge in clinical judgements (Benner & Wrubel 1989). A caring relationship requires a certain amount of openness and capacity to respond to care.

As the nurse gains expertise, he/she learns to be in-contact with people, to respect their character and their situation. Caring practise involves client advocacy and provides the conditions to help the client to grow and develop. (Marriner-Tomey & Alligood 2006,140-159.)

4.2 Aesthetic knowledge

Aesthetic knowing is the art of nursing expressed by the nurse through his/her creativity and style in meeting the need of patients and clients. Aesthetic knowledge is used to provide both effective and satisfying care. Empathy, compassion, holism and sensitivity are important aspects in the art of nursing (Carper 1978). Nurses need to be equipped with aesthetic knowledge for their career. Simone Roach's (1984) theory ascertains caring as a philosophical concept and proposes that it is the human mechanism of being or the most authentic criterions of humanness. Every individual is caring and develops a caring ability by being true to themselves. It comprises of six attributes; compassion, competence, confidence, conscience, commitment, comportment. The attributes are used as a structure of behaviour that describe professional caring. Each speculates specific values and virtuos actions that a nurse can demonstrate caring. (Kozier et al. 2008, 446-447.)

Boykin & Schoenhofer (1993) suggested that the purpose of the discipline and profession of nursing is to know individuals and nurture them as living and growing in a caring environment. Respect for individuals and respect for what matters to them are assumptions underlying the theory of nursing as caring (Boykin & Schoenhofer 1993). Caring in nursing is an altruistic active expression of love and it is the intentional recognition of value and connectedness. The nurse thereby establishes a mutual relationship of trust and respect with the client (George 2002, 539-552).

4.3 Personal knowledge

According to Carper (1978), personal knowing also referred to as therapeutic use of self is concerned with knowing, encountering and actualizing the concrete individual self. Nurses self view and client view are of primary concern in any therapeutic relationship (Carper

1978). This is because nursing care is an interpersonal process. It promotes wholeness and integrity in the personal encounter, achieves engagement and not detachment and disprove manipulative approach (Kozier et al. 2008, 450).

Mayeroff (1990) suggested that caring for another person is assisting the person to grow and actualize himself. It is a process that develops overtime and results in a deepening and transformation of the relationship (Mayeroff 1990). Caring has been present throughout history and is a significant factor in helping people. Caring is the essence of excellence in nursing and the distinct, dominant, central and unifying focus of nursing (Marriner-Tomey & Alligood 2006,472- 490).

4.4 Ethical knowledge

Aims of nursing incorporates conservation of life, alleviation of suffering and promotion of health. Ethical knowing is knowledge that focusses on matters of accountability and exceeds following the code of ethics. Nursing care involves actions that are subject to the judgment of either right or wrong. Seldomly, the criterion and norms that influence choices may be in conflict. The more sensitive and knowledgeable the nurse is, the more ethical he/she will be. (Carper 1978.) Watson`s (1996) theory of human care viewed caring as the essence and the moral of ideal nursing. While the nurse maintains professional objectivity, he/she also subjectively remains engaged in the interpersonal relationship with the client. This transpersonal contact has the potential to reach higher spiritual sense of self which has the power to generate the self healing process (Watson 1996).

Leininger (2002) stated that nurses should understand different cultures in order to function effectively. She defined caring as assisting, supporting or enabling another individual or group with evident needs to improve a human condition or to face death (Leininger 2002). Ray`s (1989) theory of beurocratic caring, focussed on caring in organizations. It suggested that caring is contextual and it is influenced by organizational structures (Ray 1989). Spiritual-ethical caring does not question whether or not to care in complex systems but intimates ways that sincere deliberations and ultimately the facilitation of choices for the good of others is to be accomplished (Parker 2001, 421-431).

5 EXPERTISE IN NURSING CARE

According to the Merriam-Webster dictionary, an expert is someone with special skills, knowledge or judgment in a particular field/area (Merriam-Webster, 2011). An individual to become an expert should bear an experience of not less than six years. Benner and Wrubel (1982) suggested that experience is the refinement of pre-conceived notions and theory through encounters with many actual practical situations that add nuances or shades of differences to theory. Theory presents an individual with what can be made explicit and formal but clinical practise is more rich and offers more realities than theory. Nurses are more effective in focussing on what the patients and clients bring as they gain expertise. (Benner & Wrubel 1982.)

Expertise develops when a person tests and refines propositions and principle-based expectations in actual practise environments. Heidegger (1962) and Gadamer (1970) pointed out that experience on the other hand results when pre-conceived notions and expectations are challenged, refined or disconfirmed by the actual situation (Heidegger 1962 ; Gadamer 1970). Experience is a basic requirement for expertise (Benner, Tanner & Chesla 2009, 36).

5.1 Novice level

A novice is a person just learning something. He/she is also known as a beginner. Beginners have had no experience of the situation in which they are supposed to perform. They only have theoretical knowledge imparted to them. For them to be given a chance to gain experience necessary for skilled development, they are taught about the situations in terms of objectives for instance features of the task that can be recognized without situational experience. Since they have no experience of the situation, they must be given rules to guide their performance therefore, they are taught context free rules to guide actions while respecting different attributes. (Benner 1984, 20-22.)

5.2 Advanced beginner level

The subjects in this category can demonstrate acceptable performance. They have coped with sufficient real situations to note any recurring meaningful situations. Aspects of care and details learnt and used by the beginner require prior experience in situations for recognition. For example, to assess a patient's readiness to learn depends on/with previous patients with similar teaching or learning needs. The advanced beginner formulates principles that dictate actions both attributes and aspects. Novices and advanced beginners comprehend insignificant of the situation because it is too new or too strange furthermore, they have to remember the rules they have been taught. The implication is that advanced beginners need support. They operate on general guidelines and are only beginning to perceive meaningful occurrences in their work. Thus they need help in setting priorities. Since they cannot yet sort out what is most important, those in competent level of skill should support their caring for patients and their performance to ensure important patient needs are met. (Benner 1984, 22-24.)

5.3 Competent level

To be competent is to have sufficient skill and knowledge. It can also be denoted as capable, suitable or sufficient for a certain purpose. Competence in other aspects could imply having legal capacity or qualified to testify. Competence can also be viewed as belonging as a right and to be appropriate. Competence as identified by a nurse who has been on the same situation from two to three years, develops when the nurse starts to set actions in terms of long term goals in which he or she is consciously aware. The plan denotes important aspects of a situation and those that can be neglected. A plan establishes a perspective and is based on considerable conscious, abstract and analytic approach of the problem for the competent nurse. (Benner et al. 2009, 25-27.)

The competent nurse lacks the speed and flexibility of the proficient nurse but he /she has the mastery apprehension and coping ability to manage many situations. The conscious and deliberate planning in this skill level is important in achieving efficiency and organization. Nurses at this stage can benefit from decision making and simulations that present them with practice in planning and coordinating multiple, complex patient care demands. The

nurse in this stage acquires clinical judgement that is whether it was good or bad. This is because he/she has now lived through more clinical features. (Benner 1984, 25-27.)

5.4 Proficient level

Proficiency is having or marked by an advanced degree of competence, as in an art, vocation, profession or branch of learning. It means to be able or to be skilled. The proficient performer perceives situations as whole rather than in terms of aspect and their performance is guided by maxims. Their perspective is not thought out but presents itself based on experience and previous/recent events. They understand a situation as a whole due to the reason that they see its meaning in terms of long term goals,. The proficient nurse learns from experience that is, the kind of events to expect in a specific situation and possible modification to respond to these events. (Benner et al. 2009. 27-31.)

‘Except in unusual circumstance, the performer will be experiencing his current situations as similar to some brain stored experience-created, typical situations due to recent past history of events. Hence the person will experience his or her situations at all times through perspective, but rather than consciously calculating this perspective or plan, it will simply present itself to him or her.’ (Dreyfus 1982 ; Benner et al. 2009, 28.)

A proficient nurse can recognize when a normal event does not materialize due to their experience based ability to recognize situations. The holistic understanding improves the nurses decision making. The proficient performer considers fewer options and dwells accurately on the problem unlike the competent person who does not have sufficient experience to recognize a situation as a whole. The proficient nurse uses maxims as guides but this is incorporated with their deep understanding of the situation. Maxims would appear as unintelligible disturbance in the situation to the novice and competent performers. It is the proficient performer who is able to recognize the deterioration of the patients wellbeing. (Benner 1984, 27-31.)

5.5 Expert level

An expert is a person who has extensive/ high degree of skill or knowledge in a particular field/ subject. He/she is also referred to as a person that has made all the mistakes that can

be made in a small way. He/she knows some of the mistakes that are likely to happen in his/her subject and manages to avoid them. The expert does not rely on analytic guidelines to connect his/her understanding of the situation to an appropriate deed. They have sufficient background of experience, intuitive understanding of each situation and concentrates on the exact problem. The expert knows the goals that needs to be achieved following mature and practised situational discrimination and ways to achieve the goal. While situations are proceeding normally, experts do not solve problems and they do not make decisions. They simply do what experience has proved to work. The expert follows intuition unlike the beginner who follows strict rules. Experts can provide consultation for other nurses. (Benner et al. 2009,31-38.)

6 NURSES INTERVENTIONS TO IMPROVE PATIENT CENTERED CARE

Patient satisfaction and care quality are primary goals of health care delivery systems. The increasing complexity of nursing care including rapidly expanding treatment technologies and ever-evolving bureaucracy has made it difficult to achieve these goals. In health care nowadays, it is challenging even for well-informed patients to be sure that their best interests are being fulfilled and that they receive the best care possible. Patient centeredness does not mean that nurses abdicate control to the patient but rather that they find common ground in understanding the patients and more fully respond to their unique needs. (Aura 2010.)

Patient-centered concepts incorporate six interactive components. The first component is the exploration of both the patients' disease and dimensions of the illness experience. They include the patients' feelings about being ill, their ideas about their problem, the impact of the problem on their daily functioning and their expectations of the interventions. The second component is the understanding of the whole person also referred to as holistic care. The third component is the patient and nurse finding common ground regarding care. In the fourth component, the nurse incorporates prevention and health promotion into the visit. The fifth component is the enhancement of the patient-nurse relationship. Finally, the sixth component requires that patient-centered practice be realistic. (Stewart, Brown, Donner, McWhinney, Oates, Weston & Jordan 2000.)

Patient centered care involves patient-nurse communication. The nurse should accord the patients with information concerning his/her illness without being biased. The nurse needs to bestow information concerning treatment methods and any risks that might be involved in the care procedure. Communication of risk information is particularly difficult and it is exacerbated by poor patient health literacy. Awareness in treatment processes may be useful for patients in decision-making process. Some types of decisions such as end-of-life decisions are particularly difficult for patients. Patients must be involved in the decision-making process to the extent that they are willing and able to participate. Moreover, the nurse needs to play a major role to encourage the patients to participate in the care. (Beaumont & Leadbeater 2011.)

Confidentiality is one of the key principles in nursing care. Patients have a right that no outsider will have access to their information. This is included in the protection of privacy bill. According to that bill, privacy protection can cover more than just an individual's private life. The care and treatment of the patient must be in such a manner that the patient's human dignity is not violated and his/her wishes and privacy is respected. Patient information may be conferred to a court or any other high authority, to another healthcare unit in accordance with the patients orally informed consent and to a member of the patient's family or an individual with whom the patient has close personal relationship. (Leino-kilpi, Välimäki, Arndt, Dassen, Gasull, Lemonidou, scott, Bansemir, Cabrera, Papaevangelou & Mc Parland 2000, 9-18.)

Nursing staff cannot be expected to conceal the truth indefinitely. Patients have a right to be informed of their condition, treatment and prognosis especially when suggested treatment involves major risks. There is no legal duty to carry out medical and nursing interventions when/if the patient refuses to subdue their consent. It also applies where the patient refuses to take the medication or food without any obvious reason. (Leino-Kilpi et al. 2000, 40.) There is increasing recognition of the fact that patients need and want to know what is being done to them and the reason behind a certain action. Interpretation and explanation of procedures have become a key part of the nursing care (Benner et al. 2009, 86).

Nurses should attend to the patients' personhood. The norm of 'doing for' should be overcome and rather contribute to and facilitate the patients' sense of personhood. (Benner et al. 2009, 55.) Cancer patients experience an increased need for love, support and affection that in most cases increases over the development of the disease and treatments. Fear of rejection and abandonment are common and can lead to poor communication between the patient and other people. It is important that all the nurses working with breast cancer patients understand the importance of patient centered care (Clarks et al. 2002, 119).

A nurse is a key person in mobilizing a patient's hope and in enabling the patient to choose an effective treatment. Nurses should sense a patient's strength, drive, desire and ability to improve. The nurse plays a major role in helping the patient to regain a sense of control and active participation in his/her recovery. Majority of nurses encounter the idea that there

is a limitation to their ability to prolong a patient's life but in real sense there is always room to enhance the quality of life. The nurse must not avoid the patient but must rather find ways of providing comfort to the patient. (Benner et al. 2009, 47-56.) The nurse should learn the patient's interpretation and understanding of his/her illness and try to encourage her to be assertive in her treatment. Nurses should allow patients to express their feelings. Respecting and building on their interpretations can play an important role in the patients illness and recovery experience.

7 PREVIOUS STUDIES ON BREAST CANCER AND NURSING CARE

Several researchers have shown interest in nursing care of cancer patients thus creating a numerous number of articles and literature in relation to the study theme. The articles used for this study are reliable and current ranging from 2001 to 2011. Breast cancer care has witnessed a substantial change in the management of patients since 1970. There is an increased awareness of the problems that breast cancer patients' face and the possible solutions to these problems (Cancer Society of Finland 2010).

Salmenperä (2002) described the use of complementary therapies between breast and prostate cancer patients in Finland. The data was collected using a self-administered postal questionnaire. Responses were received from 216 women and 190 men. The data was analysed using descriptive statistics and the chi-square test. The open-ended questions were interpreted using content analysis. The results pointed out that half of the respondents were interested in complementary therapies. Women had considered using complementary therapies more often than men. The participants continued or started using complementary therapies in order to restore their hope in the future and perform more than they can for themselves. Cancer patients are interested in complementary therapies and use them quite frequently. This bestows a major challenge to official healthcare. It exhibits several issues like the kind of advice the patients` should be given, ways that individual requirements are adequately met and the manner they should be supported in the care relationship to establish an informed decision about using complementary therapies. (Salmenperä 2002.)

Amir, Scully & Borill (2004) aimed to explore the professional role of breast cancer nurses in multi disciplinary breast cancer care teams by in depth interviews with core team members and observation of 16 multi disciplinary teams in England. The study explores several themes for instance nurses unique informal management leadership roles in ensuring co-ordination, communication and planning of the team work, nurses innovatory role in evolving the bureaucracy`s response to patients and their relatives needs, nurses supportive role in the provision of expert advice and guidance to other members of the team, nurses confidence and humour in well performing teams and the limitations of the professional role of the breast cancer nurse. The results strongly suggested that breast cancer nurses had a positive impact on the quality of care. The role of the breast cancer nurses is understood within the context of the multidisciplinary team. Although the role is

distinct and unique, it comprises of considerable interaction and some degree of overlap with the roles of other health professionals involved in the care of breast cancer patients. Breast cancer nurses are viewed as a positive resource within the treatment team. They ensure that care flows smoothly, that referrals happen when needed, that other health professionals have adequate information about patients and breast cancer issues and that women are well prepared for each treatment stage. (Amir et al. 2004.)

Hardie & Leary (2010) investigated the value of a breast cancer clinical nurse specialist to patients. The study compared patient experiences of the nursing service before a specialist nurse was established and one year after his/her placement. It also ascertained breast cancer patients' perceptions of the service and found out their needs from the nurses. A questionnaire was handed to 50 patients over a period of 6 weeks and a year later 32 of the participants filled another questionnaire. Microsoft Excel and content analysis was used to analyze and extract information respectively. The first survey highlighted that respondents wanted the nurse specialist to be available after doctors' consultation to clarify information and provide advice. They also required the nurse specialist to be a point of contact, have specialist knowledge and offer advice and support. The second survey showed that the nurse specialist improved the patient experience and respondents were more satisfied with the service provided. The findings showed that nurse specialist improved respondents' experience and satisfaction with the breast cancer service. (Hardie & Leary 2010.)

Yates, Evans & Luxford (2007) identified variation in the way nurses' role functions and settings are likely to contribute to varied outcomes for women with breast cancer. The study illustrated ways that the National Breast Cancer Centre in Australia developed a set of competency standards for Specialist Breast Nurses. This was through a review of literature and consultation with key stakeholders. The resulting specialist breast nurses Competency Standards reflected that the element of their practice was to achieve optimal outcomes for women with breast cancer. The project identified the specialist breast nurses as a registered nurse who applied advanced knowledge of the health needs, preferences and circumstances of women with breast cancer to optimize the individual's health and well-being at various phases across the continuum of care, including tests, treatment, rehabilitation, follow-up and palliative care. The study identified five disciplines of practice; supportive care, collaborative care, coordinated care, information provision and clinical leadership. The majority of stakeholders interrogated in this project concurred that a Graduate Diploma level of education is required in order for a specialist breast nurse to

develop the minimum level of competence required to perform his/her role. The evidence supports the view that as an advanced role, nurses practicing as specialist breast nurses require high-quality programs of sufficient depth and scope to achieve the required level of competence. (Yates, Evans & Luxford 2007.)

8 RESEARCH PURPOSE AND PROBLEMS

The purpose of this study was to reveal nurses' preparedness to provide nursing care for breast cancer patients by investigating whether nurses working with breast cancer patients have sufficient knowledge about breast cancer care. A further purpose was to interrogate the nursing staff levels of expertise in breast cancer care. The goal of this research was to enhance breast cancer nursing care, thereby leading to a better patient centered care and also increasing the quality of care by developing the nursing staff's abilities. The research problems aimed to provide answers to the following;

1. What are the nurses' perceptions about their knowledge types in breast cancer care?
2. What are the nursing staff's opinion concerning their level of expertise in breast cancer care?
3. What methods do nurses use to ensure a patient centered care?

9 RESEARCH PROCESS

9.1 Data collection

The target group of the research was nurses working with breast cancer patients in Surgical Ward and the Oncology Unit. The research was carried out at the Central Hospital in Kokkola. The data was collected using questionnaires (APPENDIX 1/2). The questionnaire constituted of two sections A and B. The questionnaire was prepared by the researcher with theoretical adaptation from Benner's theory of expertise in nursing (1984) and Carper's findings about knowledge and caring (1978). The questionnaires were distributed and collected personally by researcher after the respondents accomplished the filling process. The questionnaires were handed to the ward's Head of Nurses who further distributed them to the relevant persons. The questionnaires were checked weekly in order to ensure that the forms were filled. The empirical and pre-analytic phase lasted for three weeks.

The research was carried out between October and February 2012 in the Central Hospital in Kokkola, Finland. The information was collected from nurses working in the Oncology Unit and Surgical Ward. A questionnaire that consisted of two sections (Section A and B) was sent to the nurses. Section A (background information) incorporated information such as gender, age, education background, work experience, work contract and specialization. The respondents were requested to place a mark (X) on the choice they had selected. Section B was contrived in the Likert scale. It included information concerning knowledge, expertise levels and patient centered care. In this section, the respondents were supposed to circle the number that best suited their opinion. The numbers were explained at the beginning of the table.

9.2 Data analysis

The research was conducted using the quantitative study method by use of questionnaires. Questionnaires are cost-effective and are easy to analyze. It is easy to reduce bias while working with questionnaires and they are as well less intrusive (Gerrish & Lacey 2006). The questionnaire consisted of two parts A and B. Part A consisted of five close-ended

questions and one open-ended question. Closed-ended question encourages a short or single-word answer. It also provides the researcher an easy time during analyzation phase. It is considered appropriate for gathering factual information. Part B consisted of 15 questions contrived in the summated rating scale (Likert scale). The scale illustrates neutral results and people with various attitudes are disseminated in a continuum of favorability (Polit & Hungler 1987).

To get a rough idea of the responses, the researcher separated through the questionnaires after receiving them from the respondents. Responses were categorized according to their place of work (unit), education background, experience and work contract. Data was analyzed confidentially, and no one had access to the questionnaires. The filled surveys were anonymous. The results analysis was carried out in November 2011 by using Statistical Package for the Social Sciences (SPSS) Programme. Tables and graphs were used to demonstrate the results.

9.3 Ethical considerations

Nursing research requires expertise and diligence. It also requires honesty and integrity. Ethical codes have been laid down to provide guidelines for researchers over the years. Participants have a self-determination right. Self-determination of the participants means that the participants have a right to decide voluntarily whether or not they will take part in the study without risks or penalties or any prejudicial treatment. Participants have the right to ask questions, refuse to provide information and withdraw from the study (Mei, Ping-Ling, Miin-Fu, Shin-Cheh & Yi-Hua 2009).

Common ethical guidelines of research were carefully followed in this study. All participants were informed of the study's objective and procedures beforehand. Participants were guaranteed that all questionnaires would be processed confidentially. Participants in this study were informed that their participation in the study is completely voluntary. A written application (APPENDIX 3) and cover letter (APPENDIX 2/1) were sent to the Director of Nursing and member of ethical committee in the Central Hospital for the permission to carry out the research. The purpose of the study was clearly stated in the application. Research questions, research methods, research materials and the ethical issues that were to be upheld were also included in the application.

9.4 Reliability and validity

Validity measures the truthfulness and accuracy of a study in relation to the phenomenon of interest. It means the degree that an instrument measures what it is planned to measure. In this study the questionnaire was formed in a way that they support the validity of the research. The close-ended questions were chosen because they allowed participants to answer the same question making it comparable and easy to analyze. Reliability on the other hand represents the consistency and adequacy of the measurements. It is also defined as the accuracy of an instrument (Polit & Beck 2008, 452-457). The articles and previous literature that have been used for this study were reliable and from credible sources.

Piloting is important when it comes to validity and reliability. In this study, the questionnaires were pretested (n=1). One of the advantages of conducting a pilot study is that it might give advance warning where the main research project could fail, where research protocols may not be followed and whether proposed methods or instruments are inappropriate or too complicated for the target group (Barker 1994). The questionnaire was criticized and credited during the piloting phase and the researcher ascertained to externalize pre understanding in all the phases of the study. The respondents had a chance to ask for clarification in this research.

10 FINDINGS OF THE RESEARCH

10.1 Background information of the research

A total sample of 40 questionnaires was handed to the ward head nurses. Out of the total amount, 32 nurses completed the questionnaires. The results presented 80% (n=32) of target group, 100% being females (n=32).

The results show that 18.7% (n=6) are practical nurses, 56.3% (n=18) are registered nurses and 25% (n=8) are public health nurses. The table reveals that 43.7% (n=14) work in the Oncology Unit while 56.3% (n=18) works in the Surgical Ward. The table shows that 18.7% (n=6) have working experience of 6 years and below while 81.3% (n=26) have working experience of 7 years and above. About 18.7% (n=6) are substitute workers while 81.3% (n=26) are permanent workers. The table shows that 25% (n=8) have special studies in oncology whereas 75% (n=24) have no special studies in oncology. (Table 1.)

TABLE 1. Background information of the respondents

Description		Frequency (n)	percentage %
Ward	Oncology unit	14	43.7
	Surgical ward	18	56.3
Education background	Practical Nurse	6	18.7
	Registered Nurse	18	56.3
	Public Health Nurse	8	25.0
work experience	Six years and below	6	18.7
	Seven years and above	26	81.3
work contract	Substitute	6	18.7
	Permanent	26	81.3
Speciality in oncology	Yes	8	25
	No	24	75

10.2 Nurses perception about their knowledge types in breast cancer care

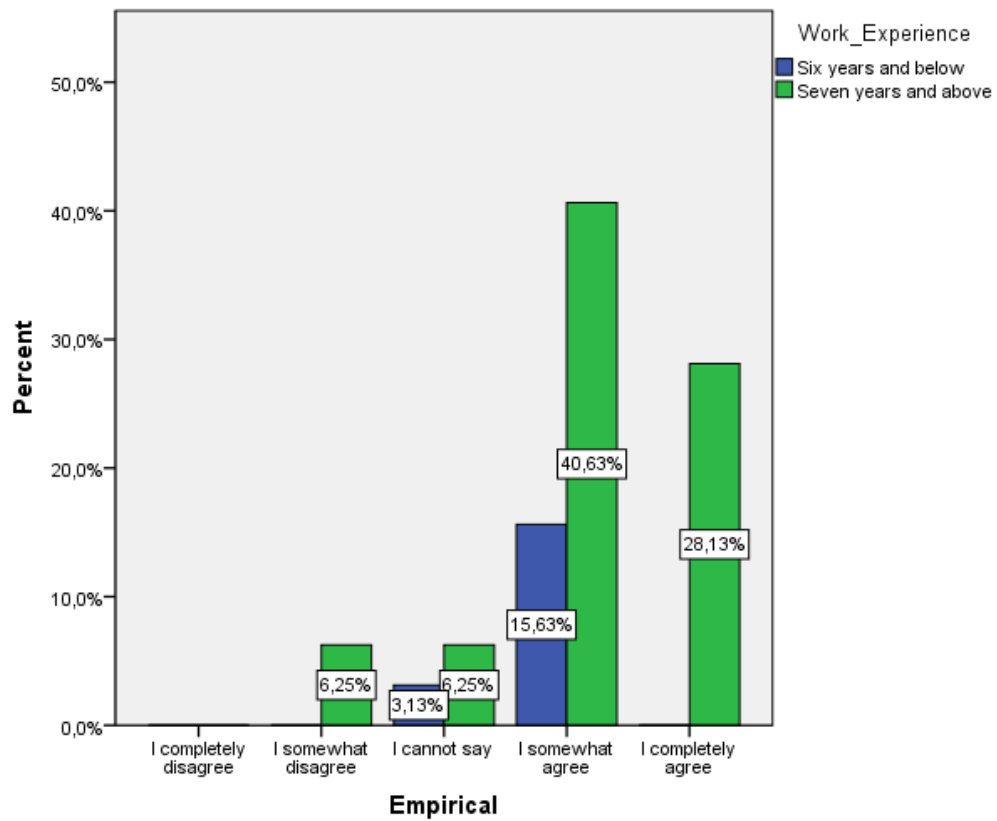
Four statements that dealt with different types of knowledge were prepared. Respondents were expected to mark on the statement that best described their opinions. The four types of knowledge were; empirical, aesthetic, personal and ethical. Respondents had five options to choose from: I completely disagree; I somewhat disagree; I cannot say; I somewhat agree and I completely agree.

TABLE 2. Nurses response to their perception about their knowledge type in breast cancer care.

Nurses response		Empirical knowlegde	Aesthetic knowledge	Personal knowledge	Ethical knowledge
Valid	I completely disagree	-	-	3,1	3,1
	I somewhat disagree	6,3	21,9	18,8	-
	I cannot say	9,4	9,4	12,5	12,5
	I somewhat agree	56,3	37,5	43,8	18,8
	I completetly agree	28,1	31,3	21,9	65,6
	Total	100,0	100,0	100,0	100,0

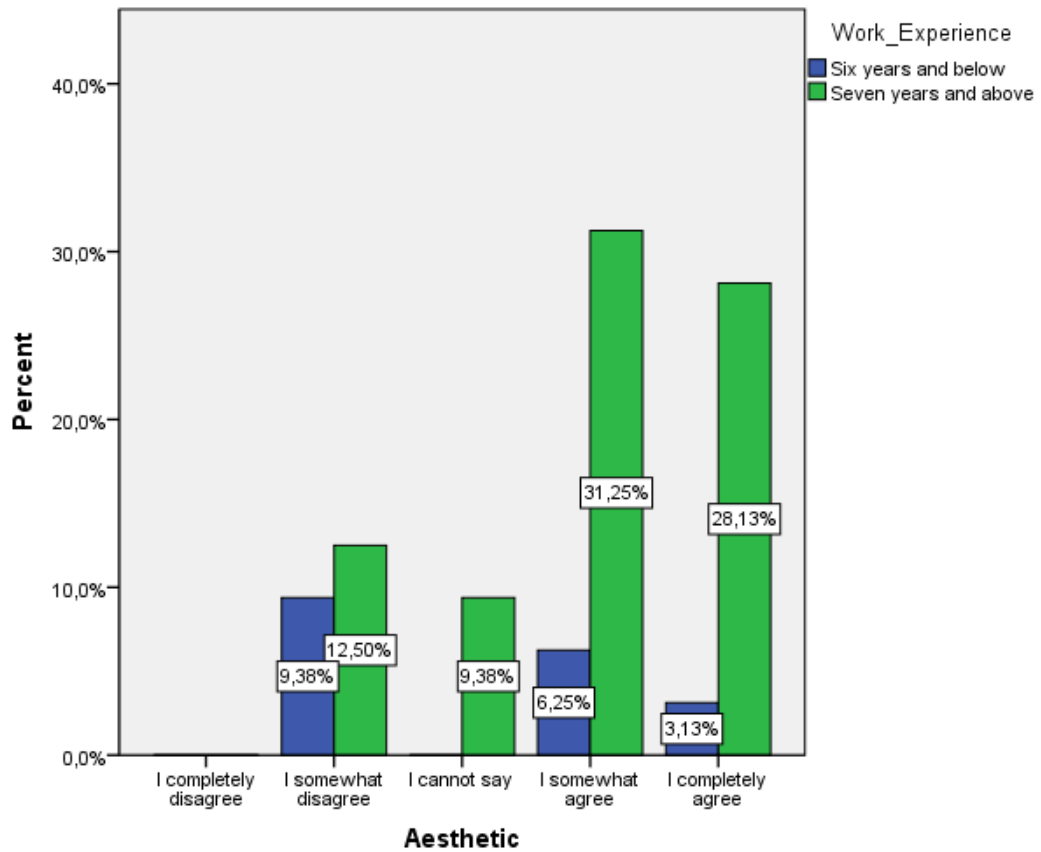
The nurses response to their perception about their knowledge type in breast cancer care illustrated that, majority of the nurses (56%) somewhat agreed to having empirical knowledge while 38% somewhat agreed to having aesthetic knowledge. However, 44% of all the nurses somewhat agreed to having personal knowledge while 66% completely agreed to having ethical knowledge. (Table 2.)

Work experience was a factor that affected the respondents' knowledge type of choice. Respondents were categorized into two; those with six years and below working experience and those with seven years and above working experience. Respondents had five choices made in the Likert scale: I completely disagree; I somewhat disagree; I cannot say; I somewhat agree and I completely agree.



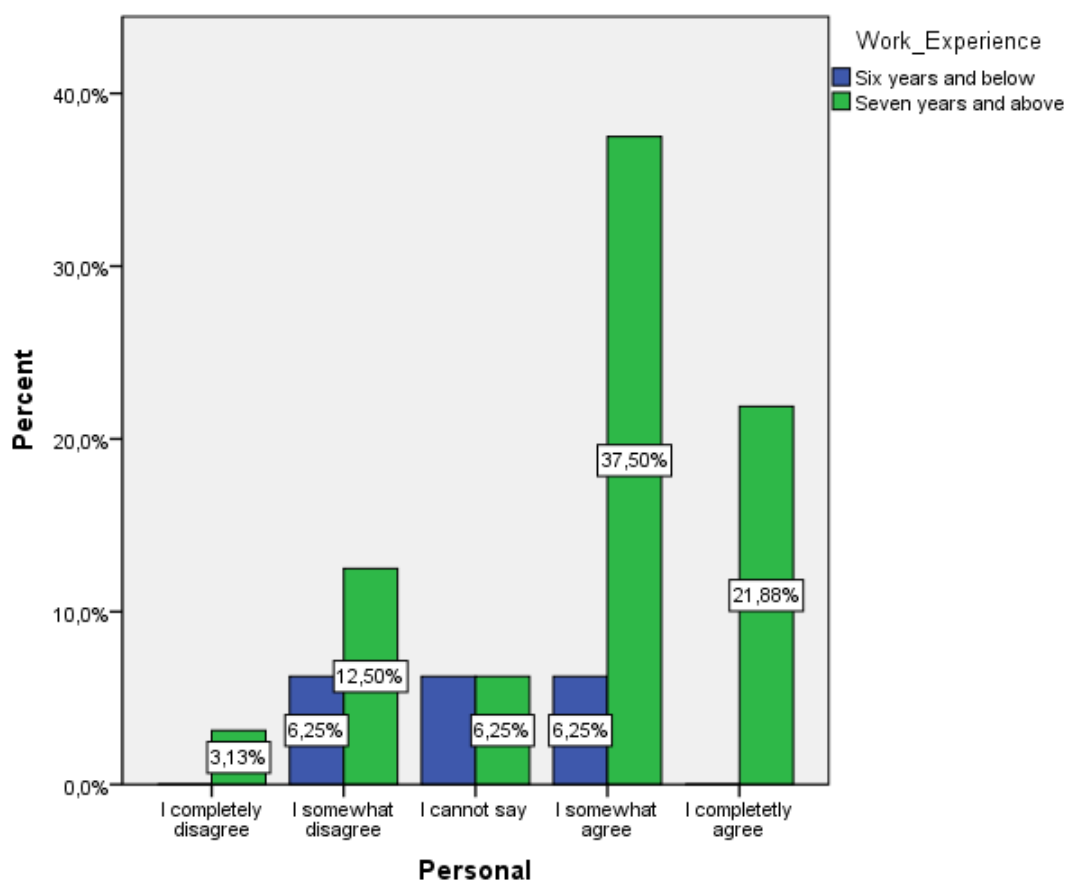
GRAPH 2 Respondents working experience in comparison to empirical knowledge.

The above graph illustrates the work experience of respondents in comparison to empirical knowledge. According to the graph, 6% of those with six years and below work experience somewhat disagree to having empirical knowledge. 3% cannot say while 16% somewhat agree. For those with seven years and above work experience, 6% cannot say whether they have empirical knowledge, 41% somewhat agree and 28% completely agree. (Graph 2.)



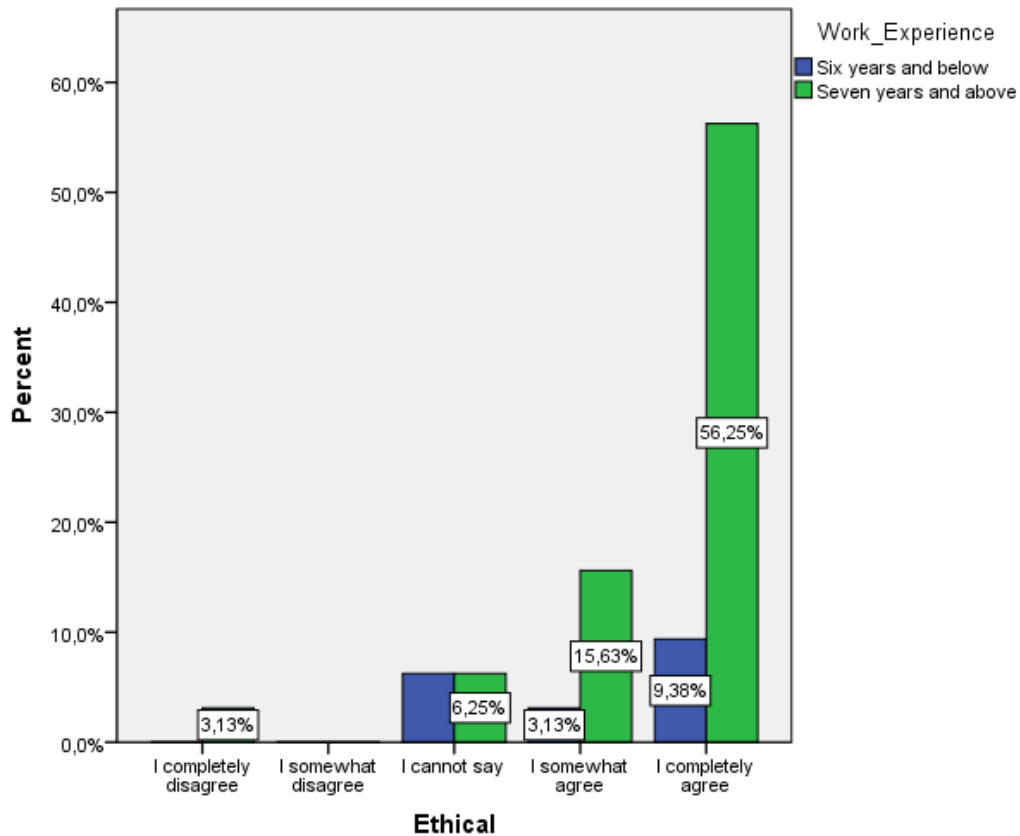
GRAPH 3. Respondents working experience in comparison to aesthetic knowledge.

Graph 3 above illustrates the work experience of respondents in comparison to aesthetic knowledge. According to the graph, for nurses with six years and below work experience, 9% somewhat disagree to having aesthetic knowledge, 6% somewhat agree while 3% completely agree. Respondents with seven years and above work experience revealed that 13% somewhat disagree to having aesthetic knowledge, 9% cannot say, 31% somewhat agree and 28% completely agree.



GRAPH 4. Respondents working experience in comparison to personal knowledge.

The graph illustrates the work experience of respondents in comparison to personal knowledge. According to the graph, for nurses with six years and below work experience, 6% somewhat disagree to having personal knowledge, 6% somewhat agree while 6% cannot say. An amount of 3% completely disagree to having personal knowledge, 13% somewhat disagree, 6% cannot say, 38% somewhat agree and 22% completely agree for respondents with seven years and above work experience (Graph 4.)

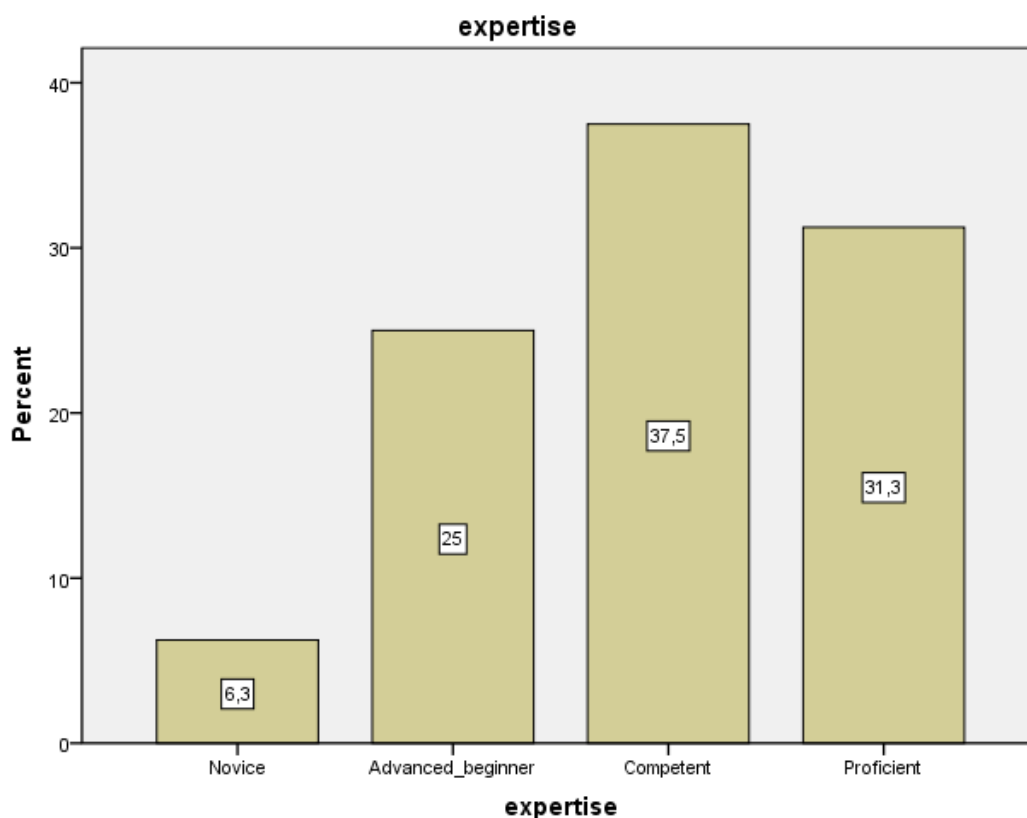


GRAPH 5. Respondents working experience in comparison to ethical knowledge.

The graph above illustrates the work experience of respondents in comparison to ethical knowledge. According to the graph, 3% of nurses with six years and below work experience completely disagree to having ethical knowledge, 6% cannot say, 3% somewhat agree while 9% completely agree. For respondents with seven years and above work experience, 16% somewhat agree to having ethical knowledge, 6% cannot say and 56% completely agree. (Graph 5.)

10.3 Nurses` opinions concerning their expertise levels in breast cancer care

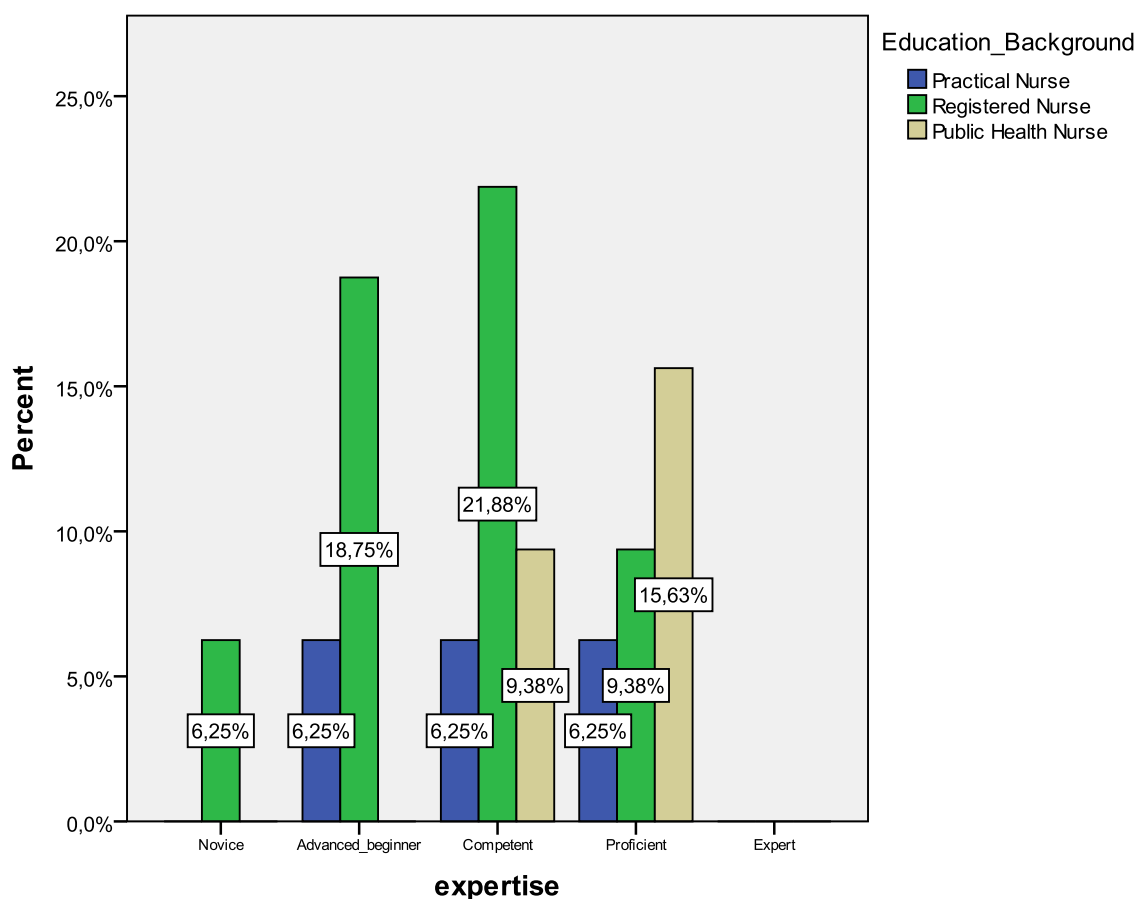
Five statements were prepared regarding the nurses` expertise level. Respondents were requested to choose only one statement that best explained their opinion on their level of expertise in breast cancer care. The statements were prepared in the Likert Scale. Each statement described one of Benner`s levels of expertise; novice, advanced beginner, competent, proficient and expert.



GRAPH 6. Respondents expertise levels.

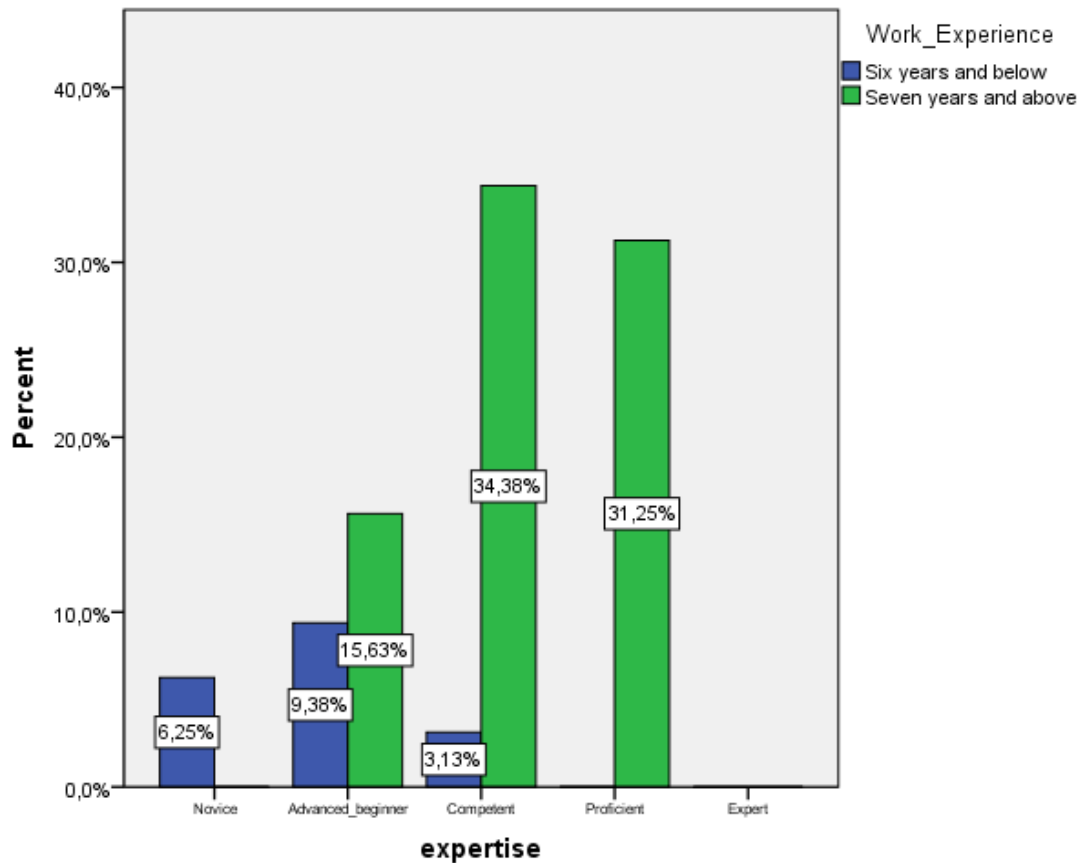
Graph 6 shows that 6.3% of the respondents correlates at the novice level. 25% of the respondents correlate at the advanced beginner level. Majority of the respondents (37.5%) correlates at the competent level while 31.3% correlates at the proficient level.

Several factors affected the level of expertise that respondents chose they include; education background (practical nurses`, registered nurses` and public health nurses`), work experience (those with six years and below work experience and those with seven years and above work experience) and work contract (those with permanent contracts and those with substitute contracts).



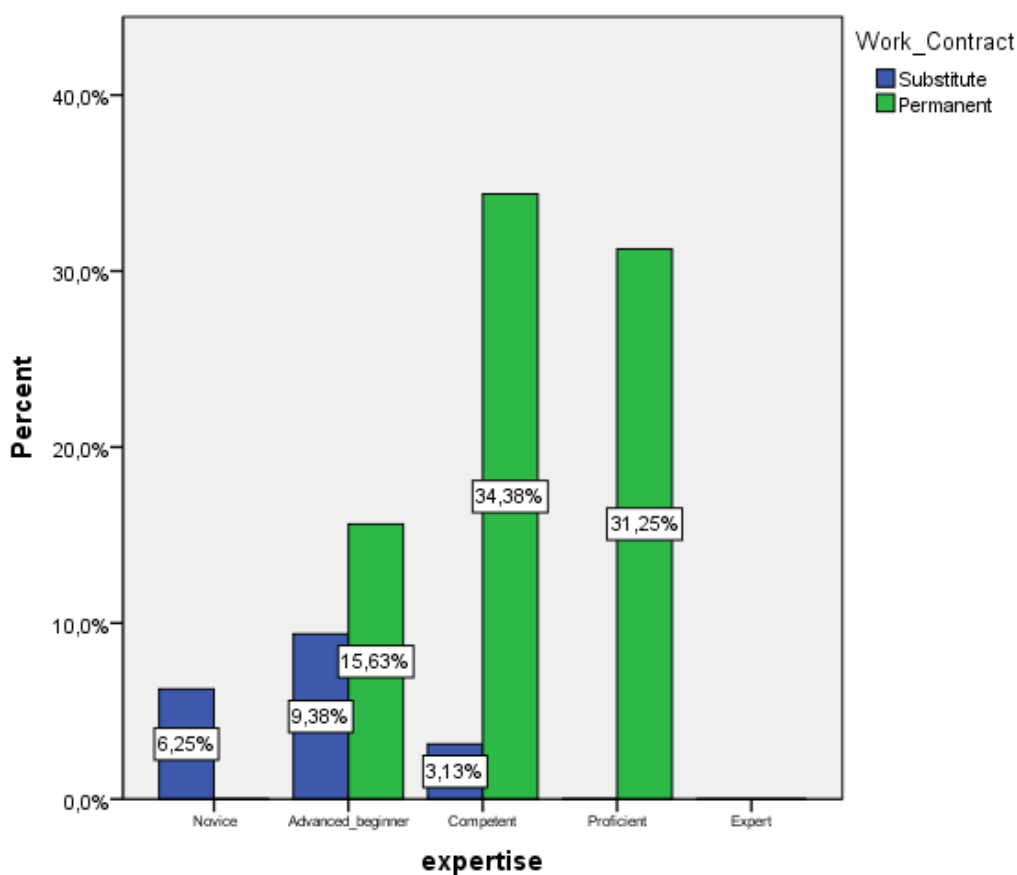
GRAPH 7. Education background in comparison to respondents' expertise levels.

Expertise levels against nurses' education background are represented using the graph above. The graph illustrates that for practical nurses, 6% are in the advanced beginner, competent and proficient level. For registered nurses, 6% are in the novice level, 19% are in the advanced beginner level, 22% in the competent level and 9% are in the proficient level. For public health nurses 9% are competent while 16% are proficient. (Graph 7.)



GRAPH 8. Work experience in comparison to respondents' expertise levels.

Graph 8 shows that for respondents with six years and below work experience 6% correlates at the novice level, 9% correlates at the advanced beginner level and 3% correlates at the competent level. For those with seven years and above work experience, 16% correlates at the advanced beginner, 34% correlates at the competent level and 31% correlates at the proficient level.



GRAPH 9. Work contract in comparison to respondents' expertise levels.

The graph above presents that with nurses who have substitute work contract, 6% are novice, 9% are at advanced beginner level and 3% are competent. For those with permanent work contract, 15% correlates at the advanced beginner stage, 34% correlates at the competent stage and 31% are proficient. (Graph 9.)

10.4 Patient centered care

The nurses' perception on the methods of improving patient centered care was inquired in this research. The following table shows nurses response on meeting patient expectation, giving patients adequate information, attaining mutual trust with the patients, creating time for personal discussion, encouraging patients to participate in their care and to taking the patients well being into consideration. Respondents had to choose from five options: I completely disagree; I somewhat disagree; I cannot say; I somewhat agree and I completely agree.

TABLE 3. Nurses response to improving patient centered care.

Nurses response		Patient Expectation	Adequate Information	Mutual Trust	Personal Discussion	Encourage patients	Well Being
valid	I completely disagree	-	-	-	3,13	-	-
	I somewhat disagree	3,13	6,25	-	18,76	-	-
	I cannot say	15,63	12,51	3,13	9,38	3,13	15,63
	I somewhat agree	43,76	46,88	21,88	34,38	50,01	34,38
	I completely agree	37,51	34,38	75	34,38	46,88	50

The above is an illustration of different methods of improving patient centered care and the nurses' response concerning the methods. According to the table, majority of the nurses 43, 76% somewhat agree to meeting patient expectation, 46, 88% somewhat agree to giving patients adequate information, 21, 88% somewhat agree to attaining mutual trust with the patients, 34, 38% completely agree to creating time for personal discussion, 50, 01% somewhat agree to encouraging patients to participate in their care and 50% completely agree to taking the patients well being into consideration. (Table 3.)

11 DISCUSSIONS

11.1 Discussion of findings

The purpose of this study was to reveal nurses' preparedness to provide nursing care for breast cancer patients by investigating whether nurses working with breast cancer patients have sufficient knowledge about breast cancer care. A further purpose was to interrogate the nursing staff levels of expertise in breast cancer care. The goal of this research was to enhance breast cancer nursing care, thereby leading to a better patient centered care and also increasing the quality of care by developing the nursing staff's abilities. The study purpose was attained using three research questions; the nurses' perceptions about their knowledge types in breast cancer care, the nursing staff's opinion concerning their level of expertise in breast cancer care and methods that nurses use to ensure a patient centered care.

Previous studies showed that nurses need to be a contact point and have specialist knowledge in order to offer advice and support to breast cancer patients. This will improve the patients experience and satisfaction with the care (Hardie & Leary, 2010). The results suggested that the nurses perceived themselves as well informed. Even though, 24 out of 32 nurses concurred that they do not have a special education in oncology. This was devastating because specialization is highly recommended in cancer care. It would be ideal if all cancer nurses had specialized studies concerning cancer care. Four types of knowledge existed; empirical, aesthetic, personal and ethical knowledge with ethical knowledge emerging with the highest score. Work experience was the only factor that affected the respondents' choice of knowledge type.

In earlier researches, nurses should apply advanced knowledge to optimize individuals' health and well being during the care process. Breast cancer nurses require high quality knowledge in order to achieve the required competence (Yates, Evans & Luxford, 2007). This study illustrated that, majority of the nurses (56%) somewhat agreed to having empirical knowledge while 38% somewhat agreed to having aesthetic knowledge. However, 44% of all the nurses somewhat agreed to having personal knowledge while 66% completely agreed to having ethical knowledge.

Previous studies illustrate that experts have a work experience of six years and above. Experience and knowledge on the other hand are the major factors that affect expertise in nursing (Benner 1984). In this study, 81% of respondents had working experience of seven years and above while 18.7% had working experience of six years and below. Majority of the nurses stipulated at the competent level of expertise. Majority of the nurses in regards to education fitted in the competent level. Those with six years and below work experience 9.38% (majority) were in the advanced beginner stage while those with seven years and above work experience 34.38% (majority) were in the competent stage. For substitute workers, most of them 9.38% were in the advanced beginner stage while majority of those with permanent contracts 34.38% were in the competent stage. This was a positive feedback because majority of the nurses had permanent contracts, working experience of seven years and above and majority were registered nurses.

Previous studies identified that breast cancer nurses should provide advice to patients and support them in the care process (Sälmenpera 2002). Breast cancer nurses have a positive impact on the quality of care by ensuring that care flows smoothly and patients are well prepared for their treatment (Amir et al. 2004). In this study, majority of the nurses were motivated to improve patient centered care by meeting patients expectations, imparting adequate information, achieving mutual trust, creating time for personal discussions, encouraging patients to participate in their own care and taking patients well being into consideration. Majority of the nurses 43, 76% somewhat agree to meeting patient expectation, 46, 88% somewhat agree to giving patients adequate information, 21, 88% somewhat agree to attaining mutual trust with the patients, 34, 38% completely agree to creating time for personal discussion, 50, 01% somewhat agree to encouraging patients to participate in their care and 50% completely agree to taking the patients well being into consideration.

11.2 Discussion of methodology

The study created awareness of the type of care that breast cancer nurses provide to patients. The study also implied ways that patient centered care can be improved and encouraged in order to attain the set goals in breast cancer care process. The study aimed to improve the quality of care by developing the nurses' abilities. Conducting the study was

demanding. The whole process lasted about one year and a few months. The most challenging part was the data collection section. This was due to language barrier between the researcher and the respondents.

The study's theoretical background was based on Benner's expertise levels and Carper's types of nursing knowledge. The articles were taken from reliable sources and the fact that this study gave similar result to the articles made the work valid. Quantitative study method was used while carrying out the research. A pilot study was carried out with one nurse (n=1). Conducting the pilot study actualized advanced warning about; where the main research project could fail, where research protocols may not be followed or whether proposed methods or instruments were inappropriate or too complicated. The data was collected using close-ended questionnaires handed out to nurses working in the Central Hospital in Kokkola in Surgical Ward and the Oncology Unit.

A total sample of 40 questionnaires was handed to the ward head nurses. Out of the total amount, 32 nurses completed the questionnaires. The results presented 80% (n=32) of target group. The questionnaire was self-developed. This was a limitation to the study because the researcher had no previous background in formulating a questionnaire. The questions laid down only tackled the general view point and this made it difficult to analyze the results than earlier expected. This was because the questionnaire fabricated very basic results. The time frame for answering and returning the questionnaire was also challenging due to the fact that it was prolonged than earlier anticipated. Ethical considerations were taken into account through all the phases of the study.

11.3 Conclusions and suggestion for future studies

Breast cancer is indeed an illness affecting many people in the society today. It is a life threatening condition. Recent studies showed that there are massive changes occurring in breast cancer care. Breast cancer nurses need to be fully equipped with appropriate knowledge in order to care for the patients effectively. Nurses need to have expertise in their daily work with breast cancer patients for the purpose of providing quality care. Majority of cancer patients experience suffering during their care. Some patients even become depressed during their cancer journey. Therefore Nurses need to act as a point of

contact with the patients in order to offer support and hope in their treatment and in adherence to care.

The study discussed several topics including breast cancer, nursing care, four types of knowledge (empirical, aesthetic, personal and ethical), nursing care theories, expertise levels (novice, advanced beginner, competent, proficient and expert) and the core factors in patient centered care (meeting patients expectations, giving adequate information to patients, attaining mutual trust, creating time for personal discussion, encouraging patients to participate in their care plan and the patients well being in general).

The whole process broadened the researchers understanding about cancer care. The study further widened the researcher's knowledge on expertise levels, knowledge types and the importance of attaining a patient centered care in nursing. The researcher was able to develop both individually and professionally during the research process. The researcher acquired several characteristics in the future career as a nurse; patience skills, co-ordination skills, working with pressure, time consciousness among others. This research provides the needed platform for the researcher to carry out further and more constructive research projects in the future (the researcher was familiar with the research process).

Future studies dealing with breast cancer and nursing care is highly recommended because it is not only an interesting phenomenon but also a worldwide catastrophe. Especially in the western world where majority of the population is ageing. The study only sets a foundation for future researches concerning breast cancer and nursing care. Arising from the presented results in this study, further studies could be carried out. For instance, investigating methods of improving the nurses' expertise in breast cancer care using a more objective questionnaire.

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APPENDICES

APPENDIX 1/1



SECTION A

Background information. Put a mark (x) on the choice you have picked.

1. Age _____ years

2. Sex

- (a) Male
- (b) Female

3. What is your level of education in health care?

- a) Practical nurse
- b) Registered nurse

4. How long have you worked in the nursing unit

- (a) 6 years and below
- (b) 7 years and above

5. What is your employment contract?

- (a) Part time
- (b) Full time

6. Do you have a speciality in oncology?

- (a) Yes
- (b) No

SECTION B

Below are statements, circle the number that best suits your opinion. Questions 5-9 choose only 1. The numbers meanings have been explained below:

[1]. I completely disagree

[2]. I somewhat disagree

[3]. I cannot say

[4]. I somewhat agree

[5]. I completely agree

1	I have gained enough theoretical knowledge in breast cancer patient care.	1	2	3	4	5
2	I use my own creativity while caring for Breast cancer patients	1	2	3	4	5
3	I involve planned interactions with my clients in order to alleviate fear/anxiety.	1	2	3	4	5
4	while caring for Breast cancer patients, I follow the accepted ethical principles	1	2	3	4	5

5	I have enough knowledge about breast cancer patient care	1	2	3	4	5
6	I have had sufficient experience in the care of Breast cancer patients	1	2	3	4	5
7	I am aware of each Breast cancer patient care goals and I work in accordance with them	1	2	3	4	5
8	With my work, I consider the holistic care of Breast cancer patients.	1	2	3	4	5
9	The care I provide to Breast cancer patients is highly proficient.	1	2	3	4	5

10	I try to see that Breast cancer patient expectations are met in the care plan.	1	2	3	4	5
11	I give adequate information to Breast cancer patients concerning their care.	1	2	3	4	5
12	While caring for breast cancer patients, the achievement of mutual trust is important	1	2	3	4	5
13	I create time for personal discussion with the breast cancer patient	1	2	3	4	5
14	I encourage breast cancer patients to participate in their care.	1	2	3	4	5
15	I take the breast cancer patient's well being into consideration during the care process.	1	2	3	4	5

OSIO A

Taustatiedot.

Ohjeeksi vastaajalle: Laita merkki (x) sen vaihtoehdon kohdalle minkä valitset

1. Ikä _ _ vuotta

2. Sukupuoli

- (a) Mies
- (b) Nainen

3. Mikä on koulutuksesi terveydenhuollon alalta?

- (a) Lähihoitaja
- (b) Sairaanhoitaja
- (c) Terveydenhoitaja

4. Kuinka kauan olet työskennellyt syöpäpotilaiden hoidossa?

- (a) 6 vuotta tai vähemmän
- (b) 7 vuotta yli

5. Mikä on työsuhteesi?

- (a) Määräaikäinen
- (b) Vakituinen

6. Oletko suorittanut erikoistumisopinnoita syöpäsairauksiin liittyen?

- (a) Kyllä
- (b) Ei

OSIO B

Ohjeeksi vastaajalle: Alla on väittämiä. Kysymystä 5-9 valitse vain yksi. Ympyröi numero joka mielestäsi vastaa omaa mielipidettäsi parhaiten.

Numeroiden merkitykset ovat:

- 1. Täysin eri mieltä**
- 2. Jokseenkin eri mieltä**
- 3. En osaa sanoa**
- 4. Jokseenkin samaa mieltä**
- 5. Täysin samaa mieltä**

1	Minulla on tarpeeksi teoreettista tietoa rintasyöpäpotilaan hoidosta.	1	2	3	4	5
2	Käytän omaa luovuuttani hoitaessani rintasyöpäpotilaita.	1	2	3	4	5
3	Lievittääkseni rintasyöpäpotilaan pelkoa ja ahdistusta pyrin suunnitellaan vuorovaikutustilanteet etukäteen.	1	2	3	4	5
4	Hoitaessani rintasyöpäpotilaita noudatan hyväksytyjä eettisiä periaatteita.	1	2	3	4	5

5	Minulla on tarpeeksi tietoa rintasyöpäpotilaan hoidosta.	1	2	3	4	5
6	Minulla on riittävästi kokemusta rintasyöpäpotilaan hoidosta.	1	2	3	4	5
7	Olen tietoinen kunkin rintasyöpäpotilaan hoidon tavoitteista ja toimin niiden mukaisesti.	1	2	3	4	5
8	Työssäni hoidan rintasyöpäpotilaita kokonaisvaltaisesti.	1	2	3	4	5
9	Uskon, että työni rintasyöpäpotilaiden kanssa on laadukasta.	1	2	3	4	5

10	Työssäni rintasyöpäpotilaiden parissa huomioin potilaan odotukset hoidolle.	1	2	3	4	5
11	Kykenen antamaan rintasyöpäpotilaille riittävästi tietoa heidän hoidostaan.	1	2	3	4	5
12	Työssäni rintasyöpäpotilaiden kanssa keskinäisen luottamuksen saavuttaminen on tärkeää.	1	2	3	4	5
13	Pyrin työssäni järjestämään aikaa myös henkilökohtaiseen keskusteluun rintasyöpäpotilaan kanssa.	1	2	3	4	5
14	Rohkaisen rintasyöpäpotilaita osallistumaan hoitoonsa.	1	2	3	4	5
15	Otan huomioon rintasyöpäpotilaiden hyvinvoinnin hoidon jokaisessa vaiheessa.	1	2	3	4	5

Elizabeth Opiyo
Pengerkatu 2k1,
67100, Kokkola
Finland.

COVER LETTER

Dear Respondent,

My name is Elizabeth Opiyo, a fourth year student in Public Health Nursing programme. I am carrying out a research about Breast Cancer and Nursing Care in the Central Hospital in kokkola.

The purpose of this study was to reveal nurses' preparedness to provide nursing care for breast cancer patients. A further purpose was to interrogate the nursing staff levels of expertise in breast cancer care. The goal of this research was to enhance breast cancer nursing care, thereby leading to a better patient centered care and also increasing the quality of care by developing the nursing staff's abilities. Your participation will be highly appreciated for it will contribute to helping the researcher to achieve her research objectives.

Attached to this letter is a questionnaire which you are voluntarily supposed to fill and hand back to the ward head nurse after putting it in the provided envelopes and sealing. For any questions and concerns about the questionnaire or about the study, you may contact the researcher at elizabeth.opiyo@cou.fi or +358449622304

Thank you for your time.

Yours sincerely,

Elizabeth Opiyo

Elizabeth Opiyo
Pengerkatu 2k1,
67100, Kokkola
Finland.

SAATEKIRJE

Hyvä vastaaja,

Nimeni on Elizabeth Opiyo ja opiskelen neljättä vuotta Keski-Pohjanmaan ammattikorkeakoulun englanninkielisessä sairaanhoitajakoulutusohjelmassa. Teen opinnäytetyö tutkimuksen rintasyövän hoitotyöstä Keski-pohjanmaan Keskussairaalassa.

Tämän tutkimuksen tavoitteena on selvittää, onko hoitajilla riittävästi tietoa rintasyövän hoidosta. Lisäksi tavoitteena on selvittää hoitajien omaa näkemystä asiantuntijuudestaan. Tutkimustulosten toivotaan antavan lisää tietoa rintasyöpäpotilaan hoidosta jota voidaan hyödyntää pyrkimyksissä kohti laadukkaampaa potilaskeskeistä hoitotyötä, jossa huomioidaan hoitajien yksikölliset taidot ja työskentelymenetelmät.

Osallistumiseen tähän tutkimukseen on täysin vapaaehtoista, mutta vastaamalla tähän kyselyyn voit auttaa tutkijaa saavuttamaan sille asetetut tutkimustavoitteet. Tämän kirjeen liitteenä on kyselylomake, jonka pyydän teitä ystävällisesti täyttämään ja palauttamaan sen osastonhoitajalle lomakkeen mukana olevassa kirjekuoressa. Vastaamiseen vie aikaa noin 10min.

Jos teillä on kysymyksiä tästä tutkimuksesta, voitte yhteyttä tutkijaan: elizabeth.opiyo@cou.fi tai 0449622304.

Kiitos paljon osallistumisestasi.

Ystävällisin terveisin,

Elizabeth Opiyo

**KESKI-POHJANMAAN SAIRAANHOITOPIIRI
TUTKIMUSLUPA-ANOMUS**

Hakijan nimi Elizabeth opiyo
Osoite Pengerkatu 2k1 67100, Kokkola
Puhelin 0449622304

Tutkimuksen ohjaajan nimi ja yhteystiedot Marjo Tilus-sandelin

Tutkimuksen nimi Breast Cancer and Nursing Care

Tutkimuksen tarkoitus The aim of this study is to investigate whether nurses working with Breast cancer patients have enough knowledge about breast cancer care. A further purpose is to interrogate the nurses' own levels of expertise in caring for the patients

Tutkimuksen tavoitteet The findings obtained from this research will be used as a recommendation for enhanced nursing care in breast cancer thereby leading to a better patient centred care and also increasing the quality of care by developing the nurses abilities and working possibilities

Tutkimustehtävät Nurses working in the Oncology unit and Pre and Post Operation ward (10) in Central Hospital, Kokkola for a period of 3 weeks

Aineistonkeruu ja analyysi Quantitative Research (questionnaire), Analysis using SPSS.

Paikka Kokkola

Päiväys 18.12.2010

Elizabeth .A.Opiyo
Hakijan allekirjoitus:

KESKI-POHJANMAAN ERIKOISSAIRAANHOITO- JA VIRANHALTIJAPÄÄTÖS
PERUSPALVELUKUNTAYHTYMÄ

Tutkimuslupapäätös
Hallintoylihoitaja

17.10.2011

20 §

ASIA


Opiyo Elizabeth, Breast Cancer and Nursing Care. Central
Ostrobothnia University of applied Sciences. 141011.

PÄÄTÖS

Tutkimuslupa hyväksytään.

ESITYKSEN TEKIJÄ

PÄÄTÖKSEN TEKIJÄ


Pirjo-Liisa Hautala-Jylhä
Hallintoylihoitaja