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Building capacity in cancer nurses to deliver self-management support: A call for action paper.

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Title page

Title:

Building Capacity in Cancer Nurses to Deliver Self-Management Support: A Call for Action Paper

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With cancer being recognized as a chronic illness, self-management has been identified as integral to person-centered cancer care.¹ Self-management is defined as: “the individual’s ability to manage the symptoms, treatment, physical and psychosocial consequences and lifestyle changes inherent in living with a chronic condition”.² The ever-changing cancer care environment, with many aspects of the care being shifted to the home setting, has created and sustained a pressing need for patients and informal/family caregivers to self-monitor and self-manage impacts of their cancer, treatment-related side effects, and cancer-related symptoms. However, that task cannot occur without support. Cancer nurses play pivotal roles in providing self-management support (SMS) and improving patient outcomes throughout the cancer care trajectory.³⁻⁵ Systematic reviews have reported that self-management education and support, delivered by nurses educated and skilled in facilitating patient engagement, can result in positive behavioral change, and better clinical outcomes in chronic conditions (e.g., reduced blood pressure in hypertension, lower A1c in diabetes)⁶ and cancer (e.g., reduced symptom severity, better quality of life).⁷⁻⁹ Better integration of SMS in cancer care requires effective implementation strategies at multiple levels including system-level policy change, strengthening of the evidence-base through effectiveness and translational research, and workforce capacity building. This editorial argues the importance of capacity building in the cancer nursing workforce to provide high-quality SMS to cancer survivors.

Several key international cancer nursing education frameworks¹⁰⁻¹² acknowledge effective SMS provision as a core competency of cancer nurses. However, it was not the intent for these frameworks to detail specific SMS-related knowledge and skills in depth. Further, SMS-related knowledge and skills for nurses are seldom integrated into ongoing professional development pathways in cancer programs,

training of nurses to deliver self-management support interventions, or programs in undergraduate and graduate curricula.¹³ Building on existing frameworks applied to wider chronic disease and other disciplines,^{14, 15} we have categorized the core competencies specific to SMS for cancer nurses into the following three domains:

1) General Person-Centered skills (i.e., participatory communication skills that promote active patient/caregiver/survivor involvement in managing cancer and health; health promotion and prevention; assessment of health risk factors and self-management capacity including activation level and capability; tailoring patient education to health and cultural literacy; and developing shared agenda between the provider and the patient/survivor).

2) Behavior Change Skills (i.e., application of: health behavior change models and theory, mastery learning, motivational interviewing, health coaching, 5 A's counseling techniques,¹⁶ goal setting and action planning, structured problem solving, behavior adjustment in response to self-monitoring, coaching for positive coping strategies, and enhancement of self-efficacy; facilitation of group self-management programs; and supporting patient decision-making, collaborative problem definition and care planning).

3) Organizational/System Skills (i.e., measurement-based practice and evaluation of health outcomes for 'real-time' tailoring of care; navigational skills to facilitate transitions across phases in the cancer trajectory; facilitating patient navigation of peer and other resources; environmental modification to create a context for successful SMS; and remote monitoring and telephone triage for self-management).

To further advance this area of practice, we call for three priority actions for the cancer nursing leadership community. First, we need to continue to advocate for the inclusion of SMS-related knowledge and skill development in the undergraduate and

graduate curricula. The undergraduate educational efforts may be provided in a broader chronic disease management context. Core skills and knowledge should also be reflected in relevant specialty certification exams where applicable. Second, research and education leaders should continue to strengthen the knowledge base, and develop guidance through global consensus on the standards for knowledge and skill requirements specific to SMS at various levels of cancer nursing practice (i.e., what should be the differences in standards for all nurses vs. many nurses vs. some nurses vs. few nurses?).¹⁰ Last but not least, specific considerations regarding SMS in various social, economic, cultural and geographical contexts should be taken into account in formulating future research and education strategies.¹ As the largest cancer care workforce, nurses are well placed to systematize effective SMS, ultimately improving behavioral and health outcomes for all cancer survivors.

References

1. Howell D, Mayer D, Fielding R, et al. What happens to patients after the clinic visit? A call to action for self-management in cancer care. **Journal of National Cancer Institute**, 2020;Inpress.
2. Barlow J, Wright C, Sheasby J, Turner A, Hainsworth J. Self-management approaches for people with chronic conditions: a review. **Patient Educ Couns**. Oct -Nov 2002;48(2):177-187.
3. Bryant-Lukosius D, Cosby R, Bakker D. *Effective use of advanced practice nurses in the delivery of adult cancer services in Ontario (Evidence-based series No. 16-4)*. Toronto, ON: Cancer Care Ontario; 2015.
4. Chan R, Teleni L, MacDonald S, et al. Effectiveness of Interventions Provided by Breast Cancer Nurses: A Systematic Literature Review. **BMJ Supportive and Palliative Care**. 2020;Inpress.
5. Charalambous A, Wells M, Campbell P, et al. A scoping review of trials of interventions led or delivered by cancer nurses. **Int J Nurs Stud**. Oct 2018;86:36-43.
6. Massimi A, De Vito C, Brufola I, et al. Are community-based nurse-led self-management support interventions effective in chronic patients? Results of a systematic review and meta-analysis. **PLoS One**. 2017;12(3):e0173617.
7. Hammer MJ, Ercolano EA, Wright F, Dickson VV, Chyun D, Melkus GD. Self-management for adult patients with cancer: an integrative review. **Cancer Nurs**. Mar-Apr 2015;38(2):E10-26.
8. Howell D, Harth T, Brown J, Bennett C, Boyko S. Self-management education interventions for patients with cancer: a systematic review. **Support Care Cancer**. Apr 2017;25(4):1323-1355.
9. McCorkle R, Ercolano E, Lazenby M, et al. Self-management: Enabling and empowering patients living with cancer as a chronic illness. **CA Cancer J Clin**. Jan-Feb 2011;61(1):50-62.
10. Aranda S, Yates P. *A national professional development framework for cancer nursing*. Canberra: The National Cancer Nursing Education Project (EdCaN), Cancer Australia; 2009.
11. Canadian Association of Nurses in Oncology. *Nursing Knowledge and Practice Framework and Toolkit for Cancer Care*. Vancouver, BC: Canadian Association of Nurses in Oncology; 2019.
12. European Oncology Nursing Society (EONS). *EONS Cancer Nursing Education Framework*: European Oncology Nursing Society; 2018.
13. Duprez V, Beeckman D, Verhaeghe S, Van Hecke A. Self-management support by final year nursing students: A correlational study of performance and person-related associated factors. **Int J Nurs Stud**. Sep 2017;74:120-127.
14. Lawn S, Battersby M. *Capabilities for supporting prevention and chronic condition self-management: a resource for educators of primary health care professionals*. South Australia: Department of Health and Ageing, Australian Government; 2009.
15. US Department of Health and Human Services. Self-management support. Available at: <https://www.hhs.gov/ash/about-ash/multiple-chronic-conditions/education-and-training/curriculum/module-2-self-management-support/index.html>.
16. Glasgow RE, Emont S, Miller DC. Assessing delivery of the five 'As' for patient-centered counseling. **Health Promot Int**. Sep 2006;21(3):245-255.