UICC NURSING EDUCATION PROJECT AN ESTABLISHED AND ONGOING ACTIVITY

CHARLOTTE SEARLE
Member of the UICC Nurses Cancer Education Project Committee

OPSOMMING

Met die hoë voorkoms van kanker is daar 'n wêreldwye gebrek aan mannekrag vir kankersorg en nogtans word die verpleegkundige onderbenut ten opsigte van haar moontlike rol in die bestryding en behandeling van kanker. Die UICC het besef dat 'n internasionale inset nodig was om gesondheidsowerhede, kankerverenigings, geneeshere en verpleegkundiges bewus te maak van die verpleegkundige se rol in kankersorg. Verpleegkundiges op verskillende vlakke moet ook onderrig en opgelei word om hierdie rol te kan vertolk.

Derhalwe het die UICC 'n internasionale en voortdurende kankersorg-onderrigprojek vir verpleegsters van stapel gestuur. Die aktiwiteite wat reeds in vooruitsig gestel word, vorm 'n bloudruk vir wêreldwye ontwikkeling van onkologieverpleegkunde.

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UICC ACTS

UICC has once again taken a lead in the campaign against cancer. It has established its Cancer Nursing Education Project as a continuing one. This is a momentous decision for cancer care and for the recognition of the contribution of nurses to the campaign against cancer.

WHY THE NEED FOR THIS STEP?

The need for the world-wide involvement of nurses in cancer prevention, treatment and care at both specialist and basic nursing care levels, is not sufficiently recognized.

To appreciate the importance of the UICC decision, a brief survey of the international need for effective recognition of the actual and potential contribution of the nurse to cancer care is necessary.

The high incidence and worldwide distribution of cancer in its diverse forms at present outstrip the health resources available for coping with this scourge. In many countries the doctor is regarded as the sole agent in combating this disease. Recognition of the role nurses can play within a cancer team is often minimal. Yet there is a critical shortage of doctors in many countries and maldistribution of such personnel adds to the problem. Lack of effective recognition of the potential of nurses has led to their under-utilization in the cancer programmes, and to a denial of the quality of care that the properly prepared nurse is able to provide. Both quantitatively and qualitatively the cancer programmes have been at a disadvantage. This is due to the lack of clear identification of the possible role of the nurse at a variety of levels and under various circumstances, and the consequent lack of appropriate education and training to enable the nurse to fulfil the identified role.

It should be emphasized that nurses of all categories have an important part to play in the prevention and early detection of cancer, in curative programmes, in the rehabilitation and after care of the patient who has undergone cancer treatment and in the care and support of the many thousands of patients who have neglected the opportunity to obtain early cancer treatment, or who have not had access to such care for various reasons.

As long ago as 1962, the WHO Expert Committee on Cancer Control stated in its first report that the control of cancer should be an integral and important part of the health services of a country. It viewed cancer control *as a series of measures based on present medical knowledge in the fields of prevention, detection, diagnosis, treatment, after care and rehabilitation aimed at reducing significantly the number of new cases, increasing the number of cures, and reducing the invalidism due to cancer*[1].

1. WHO. 1963. Technical Report Series 251, p. 4.

Every word in this statement is significant in relation to the development of cancer nursing at a variety of levels. It also issues a world-wide challenge to health authorities, national cancer associations, doctors and nurses to tackle the problems of cancer in the same vigorous way as they have tackled other major health problems. Nurse educators, and members of professional nursing associations, in particular, should develop nursing so that nurses can make the much needed, increased contribution, both at the specialist level and at the level of the general health-care services. Nurses have contributed tremendously to the care and combating of other diseases, and to the development of maternal and child, geriatric, psychiatric and occupational health services. They have done this at preventive, promotive, curative and rehabilitative levels. There is ample evidence that they can make the same type of contribution to cancer care and indeed that many are deeply, and very successfully, involved in cancer care programmes.

Fundamental to this broadening and deepening of the nursing input into cancer care is the need for doctors and nurses to develop more effective collaborative roles.

Potential nursing input into cancer prevention and care not sufficiently appreciated

In many countries, and even in some with highly developed cancer services, the potential role of nurses in the fight against cancer is not sufficiently appreciated. Too often their role is seen as that of handmaiden to the doctor, instead of as a full partner in the fight against cancer. The medical and nursing professions in such countries have not jointly explored the health-care needs of the cancer patient or prospective cancer patient, neither have they — within the parameters of a collegial relationship endeavoured to share the responsibility for the development of effective cancer prevention and cancer care programmes within the general health-care system of the particular country.

This may be due to the fact that the medical profession in such countries has not as yet accepted the nursing profession as a full professional partner, and has been inclined to be status conscious and not patient conscious. Another aspect is that the nursing professions in these countries have not reflected their true potential and also have not prepared themselves for such roles. A contributory factor may be that, to date, the level of international input into the development of nursing potential in cancer control and care has been minimal. Consequently some national cancer associations, leagues or societies have also underestimated the contribution that nurses could make to cancer programmes.

World health manpower

A study of the WHO manpower statistics and of *Nursing in the World* shows that nurses constitute the largest number of health-care personnel. The WHO statistics reflect the scarcity of doctors in the economically underdeveloped countries. Problems of maldistribution plus the lack of doctors have resulted in much of the health-care in the Third World being provided by nurses (or equivalent personnel). The preparation of such nurses ranges from a high level of specialist education to that of training as an assistant or auxiliary. The success the various categories of nurses achieve in meeting the health needs of all age groups in a multiplicity of settings indicates that nurses could make a major contribution, beyond the limits of the specialized cancer care centres, to the fight against this most feared and baffling of human diseases.

All that is required to unleash the potential of nurses in this field is the necessary organizational drive by health authorities and cancer associations and purposeful, sustained educational and collaborative practical inputs by doctors and nurses.

Because world-wide leadership in this respect has been lacking, the problem of nursing non-involvement and of under-utilization of the potential of nurses in cancer care is reaching major proportions.

New approach necessary

International emphasis has been directed primarily at research in cancer and at various modalities of treatment.

Some countries have developed sophisticated cancer research, treatment and short-term care programmes. Some of these countries have also developed excellent cancer support programmes in the fields of prevention, early detection and improvement of the quality of life of cancer sufferers. Some attention is being given to educating and training nurses for *specialist* and *generalist* roles in cancer care. Despite these rays of light, the majority of countries have neglected cancer education for nurses and have not used the full potential of nurses in this field. Nurses themselves are to blame for this.

Too many nurses at both registered nurse and auxiliary nurse level are still associating cancer with inevitable, unbearable pain, disfigurement, gross debilitation and a reduced life span. These nurses have not yet decoded the real message of hope about cancer, and do not see themselves as part of the vast crusading army in this field. As a result, their contribution to prevention and early detection of cancer and to improving the quality of life of the cancer sufferer is small. This attitude, coupled with their disregard of their own potential, needs urgent attention. Better education and training to improve their contribution is vital.

Some nurses involved in cancer work are providing the leadership. They have been motivated to seek improved role definitions for nurses in cancer care, to extend the range and depth of nursing practice in this field, and to provide educational preparation at different levels for nurses who desire to increase their knowledge of cancer and cancer nursing. Much of this effort has, however, been limited to work in sophisticated cancer care centres, and only touches the fringe of the problem! The majority of cancer care centres do not have specially trained cancer nurses, and the problem is heightened because care of patients is not limited to specialized centres and their immediate

neighbourhoods. The majority of cancer patients who need nursing care or some measure of nursing support are found in the general wards of the majority of hospitals, in geriatric care centres, in domiciliary nursing services, in outpatient departments and clinical services, and in family situations that lack all support of health service personnel, or that may only have the assistance of a village health worker, or an assistant (auxiliary) nurse. These are the realities of the situation.

Advantange can be taken of the nurse's contribution in every country (developed or undeveloped), in every dimension of health-care, in every health-care situation, for every age-group in any socio-economic cultural situation, provided she is properly trained and as long as health-care organizers and the medical profession in each country recognize and support the use of this potential. Nurses are as committed to providing quality health-care as are other health professionals. The system must allow them to do so.

Need for international action

There is an obvious need for some measure of international impetus to make health authorities, cancer associations, doctors and nurses aware of the potential of nurses in cancer care. In a world dominated by bureaucratic thinking, there is an urgent need for doctors, internationally, to recognize and proclaim the role of nurses in cancer control and care, and to progress with them in a collegial relationship towards the easing of mankind's burden. Similarly there is an obligation on the part of nurses to equip themselves for a full role in cancer care at whatever level they may be called upon to exercise it.

UICC assumes a leadership role and provides an *blueprint* for action

The UICC's role is characterized by its ability and willingness to provide international leadership in the campaign against cancer. It has done this in many fields, and is now committed to the encouragement and development of international collaborative activities in the development of the education and training of nurses in oncological nursing at a variety of levels. The UICC is deeply conscious of the need to harness the full potential of all categories of nurses in the fight against cancer. To realize this it established a nurses' Cancer Education Project. The first step of the project was to undertake a survey of the nature and content of the cancer component of the curriculum for basic education and training of nurses in various countries, and to collect data on the availability and content of specialized oncological nursing courses. The participants represented the major areas of nursing involvement in cancer programmes and were drawn from all continents. They included representatives from World Health Organization and the International Council of Nurses. The work of the two meetings, held in January 1978 and March 1980 respectively, culminated in a decision of great importance to the development of an effective and major input by nurses in cancer programmes. *The UICC formally recognized the status of the oncological nurse and of the input of other categories of nurse in the fight against cancer. To this end the* ***Nurses' Cancer Education Project*** *was established as a permanent UICC ongoing activity.*

The work so far has revolved around the need to ensure that:

— the cancer nurse, world-wide, receives the recognition she so justly deserves as an integral member of the cancer management team, and as an important contributor to the fields of epidemiological research, public education, early detection and treatment of cancer and as a provider of highly skilled, quality nursing care in both its technical and psychosocial dimensions;
— the necessary information on cancer nursing education facilities and on specialist cancer nursing courses is collected for publication in the appropriate UICC and professional media;
— all nurses involved in cancer patient care at whatever level, are given the scope through a variety of education and training strategies to increase their potential for quality cancer nursing;
— cancer nurses are able to liaise both at national and international levels through the formation of professional nursing societies, workshops, symposia, conferences and nursing research activities;
— nursing education committees are established in national cancer societies, voluntary cancer leagues and clinical oncological societies;
— cancer nurses are made aware of the various UICC Fellowship and Personnel Exchange programmes for which they may be eligible;
— a list is drawn up of nursing advisers who are willing to provide advice on cancer nursing to the UICC, and, on a national and international level, to organizations and professional groups involved in aspects of cancer work;
— articles on the cancer nurse's contribution be placed in appropriate UICC and health professional publications, e.g. medical and nursing journals;
— a package course on cancer nursing suitable for different countries is prepared, together with information of audio-visual and other teaching materials, including an annotated bibliography of important articles applicable to cancer nursing education;
— a core-group of nurses with specialized knowledge of cancer patient care is established in each country;
— the composition of the *UICC* Technical Report entitled *Basic Concepts in Cancer Nursing*[1], to be used primarily, but not exclusively, by nurses in developing and less industrialized countries which may have to rely on largely unsophisticated cancer care services, be speeded up, and that it be translated into various other languages as soon as possible;
— professional nurses' associations, nurse educators, nurse adminstrators and community

1) Now available.

nurses are fully aware of the need for optimal involvement of all nurses in cancer control and care, and of their specific responsibility in ensuring the best nursing input at every level;

— specialist oncological nurses in each country work towards joint medical and nursing conferences at national and international levels, and towards participation in each other's educational and clinical research programmes.

These projected activities form a masterplan for the development of oncological nursing on a worldwide level in the years that lie ahead. Success depends on the sustained support of the UICC and on the contribution of cancer associations, doctors and nurses. In particular, it depends on the future role of nurses in accomplishing these aims. Nurse leaders at all levels must ensure that nurses accept the challenge.

COMPLETED RESEARCH VOLTOOIDE NAVORSING

AN EVALUATION OF THE TEACHING FUNCTION OF THE COMMUNITY HEALTH NURSE ON BREAST SELF-EXAMINATION

Gail Patricia Nowlan
Department of Nursing, University of the Orange Free State
M.Soc.Sc. (Nursing)

This study was done to investigate the teaching function of the nurse regarding breast self-examination and breast cancer, as breast cancer death rates are rising yearly.

Chapter 1 includes an introduction to the problem of breast cancer.

The objective of the study was to determine whether the community health nurse did in fact teach breast self-examination to her clients and whether increased factual knowledge about breast cancer led to a positive attitude towards preventive action.

A limitation of the study was the fact that only White clients, mainly in the younger age groups, could be contacted for the study, due to the type of clinics used, viz. family planning clinics.

Experimental and descriptive methods were used for the research while a literature study and questioning were used for gathering the data. The study consists of two parts. Firstly a preliminary test was carried out at a family planning clinic, where a demonstration on breast examination was given together with pamphlets from the National Cancer Association. After three months the control test was done by telephoning the patients or contacting them personally. The two sets of results were then compared to establish whether there was an improvement in breast self-examination practice.

In chapter 2 the problem of breast cancer and its implications are discussed in more detail. Attitudes such as fear and ignorance of breast cancer and lack of confidence in their ability to detect breast lumps seemed to be the most common reasons why most women did not practice breast self-examination.

The role of the nurse in health education on breast cancer and breast self-examination is clearly outlined.

Chapter 3 includes a discussion on both objective observation to be made by the nurse during her examination of the breasts and subjective observation to be taught to the client together with motivation of the client to perform regular breast self-examination.

Chapter 4 gives an analysis of the research data. Results from the preliminary test on factual knowledge were compared with those of the control test, which revealed an improvement of knowledge on breast cancer in all the cases. Some misconceptions about the causes of breast cancer among respondents could be identified even after participation in the teaching programme.

In the section dealing with beliefs about breast cancer, it was shown that there was an improvement in the respondents' perception of the benefit of breast self-examination. Attitudes towards breast cancer were on the whole more positive.

The practice of regular breast self-examination improved, but this was not the case with all the subjects. It was also shown that not only those with a positive belief in the benefit of breast self-examination, but also those with a moderate belief in the benefit of such, showed a high rate of compliance with this practice. Some respondents with a positive belief in the benefit did not however practise breast self-examination at all.

The main reasons for non-compliance seemed to be forgetfullness and an unwillingness on the part of the respondent to think about breast cancer.

Those respondents who were unwilling to think about breast cancer fell mainly in the younger age groups and most of them had the attitude that they could think about breast cancer later in life.

Chapter 5 includes some factors which possibly had an effect on the study results, such as lack of time on the part of the respondents and failure by the nurses to stress the importance of breast self-examination strongly enough.

It was recommended that older women should receive more attention in teaching programmes, as they are the ones falling in the high risk group.

Further studies are required in the field of teaching techniques of breast self-examination in order to determine the best and most effective method to ensure compliance with this practice. Successive testing should be continued over a period of two years so that a more accurate picture could be gained of the subjects' compliance with this health practice.

Personeelontwikkeling vir Verpleegkundiges

Artikels gebaseer op referate gelewer by die Simposium in Personeelontwikkeling vir Verpleegkundiges aangebied deur die Departement Verpleegkunde in medewerking met die Buro vir Voortgesette Onderwys, Potchefstroomse Universiteit vir CHO.

SUID-AFRIKA EN DIE MANNEKRAGUITDAGING — 'N SINOPSIS

P C SCHUTTE

SUMMARY

The world population is increasing at a tremendous rate with serious social and economic implications for the future. To sustain the quality of life of our citizens we are faced in South Africa by the challenge of restricting population growth and strengthening economic growth. This requires an increase in employment opportunities and productivity as well as improved organisation and motivation. The most important economic resource is educated manpower and education and training is one of our most important priorities.

ORIËNTERING

Bevolkingsgroei, ekologie, uitputting van hulpbronne en onvermoë om mensdom te voed is van die ernstige probleme van ons tyd. Wáárom?

Dit het duisende jare geduur voor die mensdom teen 1830 tot een miljard (1 000 milj.) gegroei het. Die jongste miljard, dit wil sê die vierde het slegs 16 jr. (1960 — 1976) geneem. Dit is dus feitlik onvermydelik dat 2 000 miljoen mense in die oorblywende deel van die eeu by die wêreldbevolking gevoeg sal word. Nog nader gepresiseer: die afgelope 10 sekondes is 40 kinders oor die aarde gebore. In Suid-Afrika word ongeveer 2 000 babas per dag, of 1 per minuut gebore.

In die eerste sewe dekades van die eeu (1904 — 1970) het ons bevolking van 5 na 21 miljoen toegeneem en onlangs is voorsien dat die bevolking nou in 21 jaar sal verdubbel. Gedurende die periode 1904 — 1975 het die Blankes met 280%, die Swartes met 420%, die Kleurlinge met 432% en die Asiërs met 496% toegeneem.

Die Gesinsbeplanningsvereniging van Suid-Afrika beweer dat indien die tendens sou voortduur Suid-Afrika binne 30 jaar nie genoeg water vir nywerheids- en persoonlike gebruik gaan hê nie.

'n Onlangse verslag van die Amerikaanse Buro vir Sensus verwys na die dalende fertiliteit ook in die ontwikkelende gebiede, maar na Afrika word verwys as die *persistent exception*. 'n Snelgroeiende bevolking voed die arbeidsmag gou, maar is daar werkgeleenthede vir hulle?

Suid-Afrika het soos alle lande bronne nodig, dit is produksiefaktore en energie. In Suid-Afrika is daar nie 'n tekort aan genoemde bronne nie, maar 'n tekort aan **geskoolde mannekrag** om die bronne te ontgin en te ontwikkel.

Baie feite in dié verband en statistiek kan voorgehou word, maar wat is die implikasies daarvan?

DIE RSA-BEVOLKINGS-OPSET

Bevolkingsamestelling en -groei

Die jongste syfers toon die volgende samestelling uit 'n totaal van 100 (%-gewys)

Blankes	Kleurlinge	Asiërs	Swartes
17,4	9,4	2,9	70,3

Daar word voorsien dat die Blankes in die jaar 2000 maar ongeveer 12% van die totale bevolking sal uitmaak aangesien die bevolkingsgrootte tussen 46 en 50 miljoen mense sal wees, met 'n samestelling van ongeveer 6,4 miljoen Blankes, 4,2 miljoen Kleurlinge, 1,2 miljoen Asiërs en 33 miljoen Swartes.

Vrae wat ons moet stel is

— kan ons Suid-Afrika se bevolkingsgroei beheer
— indien nie, maak ons voorsiening vir 'n snelgroeiende bevolking
— wat sou gebeur indien ernstige tekorte aan noodsaaklike kommoditeite ontstaan?

Daar kan reeds nou genoem word dat Suid-Afrika in die stadium oor ongeveer die helfte van die 3,5% geskoolde arbeiders beskik wat nodig is om die ekonomie in stand te hou.

Verder, Suid-Afrika het tans ongeveer 'n driekwart miljoen Swart trekarbeiders uit die buurstate in enige gegewe jaar — wat die omvang van werkgeleenthede vir eie arbeiders verminder.

Werkloosheid lyk dus na 'n groot vraagstuk of anders gestel, die

skepping van werkgeleenthede is 'n groot uitdaging nou en in die toekoms.

SUID-AFRIKA SAL DUS MOET WERK VIR 'N KWALITEITBEVOLKING — dit is uit 'n ekonomiese hoek die waarborg vir 'n gelukkige Suid-Afrika.

In verband met die kwaliteit van arbeid wys die Russiese Akademie vir Wetenskap die volgende uit: *The value of work done by a person with 4 years primary education is 43 percent greater than that of an illiterate, 108 percent greater when he has had secondary education and 300 percent greater when he has had higher education.*

ENKELE ASPEKTE VAN DIE SUID-AFRIKAANSE ARBEIDSITUASIE

Statistiek dui daarop dat ongeveer een derde van die totale bevolking ekonomies aktief is. Die Wit/Swart-verhouding in die arbeidsmag is nou 1:5, sal in die jaar 2000 1:6 en in 2020 1:7 wees en hierdie feit benadeel Suid-Afrika se arbeiderkwaliteit. Daar moet ook in 'n land 'n ekonomies ideale kombinasie van verskillende soorte arbeid wees, so ook van produserende en leidinggewende arbeid. Alle syfers dui daarop dat Suid-Afrika nou en in die jaar 2000 oor minder as 50% van die benodigde leidinggewende arbeid beskik en gaan beskik.

'n Verdere knelpunt is dat die vier bevolkingsgroepe waaruit die totale arbeidsmag saamgestel word se agtergrond, lewensuitkyk en ingesteldheid radikaal verskil. Hierdie feit benadeel die effektiewe werking van die stelsel van kapitalisme en veroorsaak dikwels wrywing op die werksvloer. Sodanige omstandighede lei weer tot dislojaliteit, naywer en onproduktiwiteit. Die Suid-Afrikaanse arbeidsmag kan juis nie roem op bevredigende produktiwiteit nie — selfs die Blanke werker is nie deurgaans ingestel op hoër produktiwiteit nie. Om hierdie verskynsel te verbeter behoort daar reeds op skoolvlak produktiwiteit gepraat en beoefen te word.

'n Kwelvraag bly die onvermoë van die Swartes om in hul eie gebiede 'n bevredigende ontwikkelingstempo te handhaaf — wat 'n addisionele las op die Suid-Afrikaanse ekonomie en arbeiderskorps plaas. Blanke Suid-Afrika sal dus 'n baie groter Swart en dus totale bevolking in die moderne sektor van 'n bestaan, en 'n aansienlik beter bestaan as tans, moet voorsien.

Looneise word deesdae dikwels ook nie gekoppel aan hoër produktiwiteit nie en dit lei tot kontra-produksie. Verder veroorsaak dit ook 'n addisionele stimilus tot inflasie en Suid-Afrika kan dit nie bekostig nie.

Om werkloosheid te verlig, behoort 1 500 geleenthede per dag geskep te word en elke jaar 'n stad soos Kaapstad gebou te word. Omgereken in geld moet Suid-Afrika elke dag R1,5 miljoen aan die skepping van werkgeleenthede bestee vanweë die snelgroeiende arbeidsmag. Dit is onmoontlik.

Ten opsigte van verstedeliking is dit 'n wêreldverskynsel dat die koers na 70% en hoër styg en aangesien slegs 38% van die Swartes tans verstedelik is, kan die toename in die koers van Swartes geweldige eise aan die skepping van werkgeleenthede, veral in stedelike komplekse, stel.

DIE UITDAGING

Elke Suid-Afrikaner moet in genoemde vraagstukke 'n heerlike uitdaging sien en 'n oplossing daarvoor probeer vind.

Alle betrokke owerhede en individue moet dus prioriteit verleen aan die volgende sake
— beperking van die bevolkingsgroei
— stimulering van ekonomiese groei
— gesindheidsverbetering tussen bevolkingsgroepe
— verhoging van produktiwiteit
— skepping van werkgeleenthede
— beter organisasie van arbeidsmark en
— motivering van werkerskorps

Enkele ekonomiese kragpunte

Vrye ondernemingstelsel: ons moet die kapitalistiese stelsel vertroetel en bewaar aangesien dit die enigste stelsel is waarbinne die Christenarbeider ten volle al sy talente kan gebruik.

Natuurlike hulpbronne: dit moet oordeelkundig benut word sodat Suid-Afrika dit in internasionale ekonomiese kringe as 'n magsaspek kan gebruik.

Menslike hulpbronne: dit is ons kosbaarste ekonomiese hulpbron en veral ons jeug, van wie bykans 12 miljoen die volgende twee dekades tot die arbeidsmark sal toetree, is soos 'n ongeslypte diamant wat ontgin en verryk moet word.

Daarom moet opvoeding en opleiding een van ons vernaamste prioriteite word en bly — dit moet ons lewenstaak wees om ons jongmense sodanig op te lei dat ons **afgeronde wetenskaplike arbeiders** die ekonomie sal instuur.