CLINICAL PRACTICE

Creation of a journal club for oncology nurses: Fostering a transformation of practice

by Nicole Tremblay, Hocine Tensaout, Odette Roy, Louise Compagna, Claudine Tremblay, Karine Le Breton, Caroline Provencher and Francine Grondin

BACKGROUND

In 2009, Cheung, Fishman and Verma (2009) showed oncology to be under-represented in training program curricula. According to their results, oncology constitutes less than 10% of the content of university health programs (in medicine, nursing, and pharmacy) in more than 70% of 84 schools surveyed throughout Canada. This perceived disparity between the oncology curriculum dispensed and actual needs was again described in a similar study published in 2014 that was conducted with 159 educators and 518 residents in Canadian medical schools (Tam, Berry, Hsu, North, Neville, Chan, & Verma, 2014). To our knowledge, it continues to be true of nursing training programs despite cancer having become the leading cause of death in Canada: one in four Canadians will die of cancer, while two in five Canadians will develop cancer (Canadian Cancer Society Advisory Board, 2015).

Experts currently agree that cancer should be viewed as a chronic disease requiring professionals to be trained in the provision of complex and long-term care, which demands that a vast array of topics be covered (Ferrell & Winn, 2006; Ministère de la Santé et des Services sociaux [MSSS], 2013). Oncology knowledge is becoming increasingly complex, and educational institutions are struggling to prepare future professionals adequately. For example, anticancer drugs accounted for more than 20% of the new drugs that appeared on the market between 2001 and 2009 (MSSS, 2013).

While conferences and specialized journals are the main sources of knowledge in continuing professional development (MSSS, 2013), few health professionals and still fewer nurses have access to them. The expense, the difficulty of liberating professional staff, and the language barrier continue to be obstacles for the majority of French-speaking nurses.

Moreover, approaches to care are changing, obliging professionals to learn to focus on patients’ health projects instead of solely on the treatment to be given. This, in turn, has introduced the need for professionals to develop new communication skills adapted to a collaborative approach.

The gap between the observed lack of training and the knowledge required by professionals in order to be able to provide proper cancer care is being felt by health care institutions, which are struggling to create a culture of continuing oncology education and research and to serve as places of learning. We all find ourselves dealing with a shortage of human and financial resources, constantly experiencing the feeling of falling out of the frying pan into the fire, caught between the need to provide training and the fragile state of our resources. This poses a very real challenge that must be met if we are to ensure quality care for people with cancer. We must all learn to adapt to knowledge transformation and to the use of new teaching strategies in health care settings.

HISTORY OF THE JOURNAL CLUB FOR ONCOLOGY NURSES

The same year Cheung’s study was published, a team of nurses decided to set up the first journal club for oncology nurses in our institution. At the time, the purpose of the activity was to provide pivot nurses with an additional training opportunity on topics important to them while at the same time enabling them to develop an evidence-based professional practice. The team briefly examined literature on best practices for journal clubs and established a common goal; rules, as well as volunteer roles to be performed and how articles are to be circulated;
• Establishing guidelines for presentations;
• Choosing a facilitator;
• Carefully choosing (evidence-based) research and clinical articles;
• Preparing participants (measuring reading of articles prior to sessions, and taking attendance);
• Offering presenters the necessary support;
• Planning how sessions are to be run;
• Obtaining administrative support (to ensure club continuity);
• Evaluating the adopted format.

During the first year, articles were taken almost exclusively from the Canadian Oncology Nursing Journal, one of the few oncology journals to offer articles on nursing care in French, as English is a stumbling block for the vast majority of French-speaking nurses (see box on articles covered between 2009 and 2011).

At the time of the journal club’s first meetings, the team worked with potential participants to develop a set of rules for the club, especially an operational framework setting out the club’s objectives and how it would be run. This framework has evolved over time (see Table 1). However, despite the selection of articles that were either clinical and practice-related or on desired topics, few nurses attended the journal club (an average of five to seven participants).

### Articles Featured Between 2009–2011

- L’intensité des soins et la réanimation en fin de vie [End-of-life intensity of care and resuscitation];
- Les besoins des patients atteints d’un cancer avancé [Needs of patients with advanced disease];
- Cadre des soins de soutien [Supportive Care Framework];
- La sexualité et le cancer [Sexuality and cancer];
- Les soins infirmiers en oncologie: la recherche d’un équilibre dans un système de soins en évolution [Oncology nursing: Finding the balance in a changing health care system];
- Conversation thérapeutique face à un cancer persistant ou récidivant [Healing conversations in the face of persistent or recurring cancer];
- Consultation pluridisciplinaire d’aide à la reprise du travail après un cancer: psychopathologie de la rémission et retour à l’emploi [Experience of the multidisciplinary department of “return-to-work after a cancer”: psychopathology of remission and return to work];
- Perception, par les infirmières en oncologie, de leurs relations avec les proches des patients dans un milieu de soins ambulatoires en oncologie [Oncology nurses’ perceptions of their relations with family members in an ambulatory cancer care setting];
- Impact of patient smoking behavior on empathic helping by family caregivers in lung cancer;
- Putting evidence into practice: prevention and management of bleeding with cancer;
- Nucare une intervention de formation aux habiletés pour les patients en oncologie et leurs proches: les motivations et les attentes des participants [Nucare, a coping skills training intervention for oncology patients and families: participants’ motivations and expectations].

### Table 1: Operational frameworks 2009 and 2012

<table>
<thead>
<tr>
<th>Elements</th>
<th>2009</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target</td>
<td>Articles relevant to clinical practice in oncology</td>
<td>Articles relevant to clinical practice in oncology</td>
</tr>
<tr>
<td>Targeted membership</td>
<td>Pivot nurses in oncology (PNOs)</td>
<td>Open to all oncology nurses</td>
</tr>
<tr>
<td>Frequency</td>
<td>Every two months</td>
<td>Every six weeks</td>
</tr>
<tr>
<td>Duration and time</td>
<td>60 min, 1:30–2:30 pm</td>
<td>60 min, at lunchtime</td>
</tr>
<tr>
<td>Day and location</td>
<td>Discussed in order to accommodate as many participants as possible</td>
<td>Calendar sent out at the beginning of the year</td>
</tr>
<tr>
<td>Advantages</td>
<td>Each session attended counts as one CE hour towards recertification as an oncology nurse</td>
<td>2 hrs credited following completion of criteria: reading with successful completion of pre-test and post-test</td>
</tr>
<tr>
<td>Advantages (continued)</td>
<td>Each presentation of an article counts for three CE hours (1-hr presentation and 2 hrs of preparation) towards recertification as an oncology nurse (CE)</td>
<td>Each presentation of an article counts for three CE hours (1-hr presentation and 2 hrs of preparation) towards recertification as an oncology nurse (CE)</td>
</tr>
</tbody>
</table>

Active participation required. Tests discontinued in April 2014.
from 2009 to 2011). Furthermore, low attendance meant attendees were required to make presentations more frequently, generating performance pressure.

As a result, we opened the journal club up to all nurses in the second year, but this did not translate into any real increase in attendance. The explanation may lie in the fact that the time of the journal club, which was more convenient for pivot nurses than for other nurses, remained the same.

**EVOLUTION OF THE HMR JOURNAL CLUB**

In May 2012, the team’s nurses attended a presentation in Geneva by colleagues from another Montreal-area hospital centre on the creation of a journal club at the latter’s institution. When we returned from the conference, we revised the journal club’s operational framework to more closely reflect the nurses’ true concerns. The team thus reaffirmed that the journal club was for the entire oncology nursing community at our university-affiliated centre and modified the club’s hours accordingly in order to encourage greater participation by all members from all sectors. The team also sought financial support from the institution’s Centre of Excellence for Nursing Care to provide participants with a box lunch. In addition, we completed the necessary procedures to have the journal club accredited as a continuing education activity in accordance with our professional order’s requirements. Most importantly, however, we decided to take as our starting point clinical questions stemming from the nurses’ concerns, having received concrete offers of help from both a clinical consultant and a librarian to find answers in the literature. For our part, we continued to strive to ensure that the various questions raised might spawn a research culture and best practice. We kept the following considerations front of mind:

- Do we need to revise the teaching given to patients regarding different symptoms?
- How do we evaluate our patients and how can we improve the evaluation process?
- How do we detect risk situations?

The new approach was publicized using an information pamphlet that was both amusing and enticing (see Figure 1A & 1B).

**BENEFITS FOR CLINICAL PRACTICE**

In June 2013, April 2014 and, most recently, in June 2015, we conducted evaluations of the journal club in its improved format using a questionnaire inspired by Lizarondo, Kumar and Grimmer Somers’ (2009), designed to measure professionals’ expectations and needs pertaining to journal club participation. The aim of the questionnaire was also to measure attitudes and knowledge about evidence in connection with journal club participation. The tables and graphs that follow display the principal results for the year 2014–15.

The results show how important improving the quality of practice and care and keeping knowledge up-to-date was in nurses’ expectations. However, fewer nurses took part in the journal club to acquire research skills (see Graph 1).

Despite the lower interest in research per se, after three years of more robust participation (since 2013, journal club meetings have been attended by between 20 and 25 nurses on average), the majority of nurses who answered the questionnaire in 2015 felt more comfortable with different...
types of research and levels of evidence as compared to the previous year’s results. A core group of regular participants has also emerged despite a certain amount of participant turnover each year.

A new question on the club’s effect on participants’ levels of comfort with research was also introduced in 2015, and the results confirm the trend towards higher levels of comfort.

Each year, we ask nurses about the perceived benefits of the journal club, as well as what they enjoy about it and their reasons for participating (n=22).

Graph 2 shows the number of times nurses checked each statement in 2015; once again, clinical considerations were those most frequently cited.

Our experience of practice-related exchanges and discussions in the journal club demonstrates that experiential knowledge is well and truly present among nurses and an important part of their learning culture, being both sought after and valued. While our journal club serves as a forum for nurses to engage in evidence-based analysis of their professional practice, it also provides an arena for the recognition of nursing knowledge. The adopted format employs a number of key andragogical principles that shape adult education strategies (Knowles, Holton, & Swanson, 2005), such as adults’ desire to manage their learning themselves. On the one hand, topics and questions are suggested by the nurses themselves. The subjects explored are the product of clinical situations the nurses encounter in their practice, which strengthens their desire to learn, especially as they are able to put the new knowledge to use in actual situations.

Another important aspect is the coordination of the journal club, which continually takes into account the experience of the participating nurses. Finally, as

Graph 1: Nurses’ expectations for the year 2014–15 (N=22)

Score
1 = 10 points (high importance)
10 = 1 point
No Answer: 0 points
Maximum number of points possible: 220

Table 2: Nurses’ level of comfort with various types of research and levels of evidence: Comparison between 2013–14 and 2014–2015 (n=22 and 21)

<table>
<thead>
<tr>
<th>Level of comfort with types of research</th>
<th>2013–14 (N=22)</th>
<th>2014–15 (N=21)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Little or no</td>
<td>Adequate</td>
</tr>
<tr>
<td>Case studies</td>
<td>2</td>
<td>12</td>
</tr>
<tr>
<td>Descriptive studies</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
<td>Qualitative studies</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Quality improvement (21 respondents, 2013)</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Guidelines (21 respondents, 2013)</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Randomized studies</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Meta-analyses</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Correlational studies</td>
<td>11</td>
<td>8</td>
</tr>
</tbody>
</table>

Table 3: Increase in nurses’ levels of comfort during the year 2014–15

<table>
<thead>
<tr>
<th>Question 3. Effect of the club on level of comfort</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your level of comfort with research increased?</td>
<td>16</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
illustrated by satisfaction level results (see Graph 3), nurses who take part in journal club meetings acquire useful knowledge that increases personal satisfaction levels and the motivation to continue attending the club. On the other hand, it is interesting to note that the club has also resulted in the production of clinical tools for patients. For example, after four meetings on sleep disorders, the nurses developed an information brochure on sleep disorders and cancer, as well as a sleep diary for patients. Clinical training modules and other educational activities have also been developed following the discussion of various topics in the journal club (such as anxiety, insomnia, and the transition from curative care to palliative care).

Knowledge transfer strategy

A journal club can become a wonderful forum for learning by and for nurses, and is an approach to which nurses are naturally attracted, as it permits them to share knowledge, ideas and experiences with one another. In a study published in 2010, nurses were found to be the primary resource for nurse learning in almost 40% of cases, outranking professional literature (34%) (Gaudry Muller, 2010). Nurses learn from colleagues in the workplace, in their unit, and while carrying out health care activities (Gaudry Muller, 2010). The journal club reinforces this pre-existing tendency. Thus, the use of a group that transforms and learns through interactions among its members may allow for greater integration and sustainability of learning.

Various challenges

At a conference given in 2007, Charland identified a number of skills nurses require in order to be able to appreciate the value of evidence-informed nursing practices and, consequently, journal clubs: the ability to clearly and carefully define a clinical question, the ability to search effectively for information, the ability to assess and evaluate data, the ability to extract and summarize clinical messages, and the ability to apply evidence to patient care (Charland, 2007)—to which may be added the ability to adopt a scientific approach along with a tradition- and intuition-based approach. While our results indicate a tendency towards improved integration of nursing research, such integration does not yet appear to have become a key component of the nursing practice of the vast majority of our participants. We are thinking of offering practical workshops on research to nurses on a voluntary basis to foster greater research integration. Due to the group’s extremely heterogeneous composition, it has been difficult to incorporate sufficient critical analysis of evidence at each meeting: a modular research workshop might be a viable option.

In addition, the journal club takes place exclusively during day shift hours. As a result, we have had little, if any, success in attracting evening- or
night-shift nurses. We have, therefore, developed training modules based on our journal club meetings (on anxiety and sleep disorders, for example). However, integration results have not been the same due to the different pedagogical approaches.

In the past few years, the team has shared its experience with several other centres that have developed their own journal clubs for oncology nurses. Moreover, the initiative has also received recognition from the Direction québecoise de cancérologie.

However, truth be told, the team’s greatest source of pleasure is the sparkle they see in nurses’ eyes during a lively discussion, reflecting the happiness and hope that together we will be able to meet the challenges of the coming decades.

REFERENCES


