

N.N. Ivanchenko, S.K. Madaliyeva, Al-Abdulla Salima jalal, B.R. Ruslanovna  
Asfendiyarov Kazakh National medical university

## THE ROLE OF NURSES IN ONCOLOGY

*In the present work, we conducted a systematic review in the online library. The purpose of this systematic review is to highlight the role of nurses in working with patients in the cancer service. Thus, the study was aimed at studying the ongoing research in this direction. The obtained results open up prospects for further research on this issue.*

**Keywords:** nurse in oncology, radiology, medical care, oncology service, cancer

### Introduction

Oncology - is a huge complex field where are the nurses provide complete care and moral support patients and their families in time of periods stress and fear, related to diagnostics and treatments, and also anxiety and worry about insufficient data volume of information, such as the reason these diseases, including total results the treatment process, death or further reading recovery options. Cancer nurse practice in various institutions including hospitals emergency medical assistance, clinic, offices of an oncologist in clinics, radiotherapy institutions home care and palliative help [1].

### Materials and methods of research

A systematic review of literature was conducted in the online libraries Wiley Online library, PubMed, Ovid MEDLINE, Embase. We used terms and keywords to search for medical topics, as well as reviewed the bibliographies of included studies and related reviews.

### Results and discussion

Research were enabled under keywords in words like, nursing, cancer patients and a nurse in Oncology, which were conducted in a polyclinic, sick leave Department or clinical Department. By online Wiley Online library was found 5 studies; by library PubMed: 86 studies. We determined 56 research, which were selected and tested on subject of intervention, directed for improvement quality of work nurses, which were completely read and tested with issuing it criteria. Canadian companies research show, what are oncological conditions nurses have unique possibility "translate" clinical information for patients and navigate in their oncological department's diseases. The report says, what about nurses "provide the highest-level service level and support patients» [2]. This most have developed nine standards medical assistance was designed to reflect the main components cancer care and include: individual / holistic caring, family-oriented care, self-determination, navigation the system, coordinated continuous caring, supportive therapeutic relationship based on the actual data care professional care and leadership. In the United States, one from new scientific publications research in the region health care "Precision Health", where used very large one's datasets ("big ones" data), genetic analysis human composition, impact environment and image life to create and applications programs prevention, identify and interventions in relation to diseases, especially developed by for this purpose. individual. Source Precision Health services with personalized information medicine based on in the early stages research genome to define, what types are there the treatments will be more or less effective in certain cases population groups, groups and individual's persons. Precision Health in present time it is multidisciplinary for research purposes an approach for getting it knowledge about efficiency treatment and risk factors on patients. Research nurses played a key role in learning features Precision Health to improve treatment of oncological diseases patients and reduction of harmful side effects that occur with the traditional chemotherapy [3]. In composition of researchers in the field of nursing Oncology from the University's Alberta, doctor Edith Pituskin, heads up the initiative on prevention cardiotoxicity (CAPRI), development databases, which is directed tofor identification purposes risk of cardiotoxicity for individuals receiving chemotherapy for breast cancer the glands. Her job directedfor development biomarker, which identifies this risk, and then, finally as a result, it will give to the health care team tool for acceptance solutions that support personalized, more secure treatment with chemotherapy. "CAPRI" to create the system that will allow the attending physician to the team on the based on a simple blood tests define, who is being exposed risk of serious accidents complications after chemotherapy, and maybe change your therapy or start other intervention at an early stage» [4]. Specialized services oncological services nurses by profession throughout Europe they noticed that their roles are expanded, implemented delegation some of them permissions from doctor to nurse. In the document with an explanation (ECCO) European Cancer Care Organization, European currency positions oncological group organizations, specified, what is this trend I must go further, how solution method shortage problems doctors in the context growing demand for oncological services. ECCO assumes, what's more nurses they should, for example, assign medicines and conduct clinical features research. Role of a specialist nurse developed for several reasons-not only for satisfaction requirements and expectations patients, but and to satisfy requirements in service shortage of doctors [5]. By Europe is being held research the project that currently time is running out. RECaN (Recognition European Commission nursing help with rake) collects evidence the fact that nurses, participating companies in cancer, contribute your contribution to the results treatment of patients. It is headed by European by the company for care for oncologists (EONS) and supported ECCO. In the RECaN project enabled, Overview RECaN has covered 214 research with the participation of nearly 250,000 participants. They covered interventions, conducted by all type's prevention of cancer and decline risk to survival, but most of them some of them were associated with the phase treatment, when this is the majority one of them contained component training, guidance or counseling. Almost three quarters interventions conducted under the guidance of nurses. Received results, show, what " Nurses, engaged in cancerous cells diseases, perform multiple and more and more becoming more complex roles in various fields software conditions the entire spectrum medical information help [6]. Roles diverse, requiring significant experience in many areas specialized areas of clinical practice help with rake, in addition for research purposes skills". Salosaari Virpi, Finnish clinical oncological group nurse, agrees with the fact that successful interventions under the guidance of nurses are not allowed always registered as such. Our weakness consists of the fact that we rarely publish results. "One of the reasons maybe lack of time: in contrast to doctors, nurses very rarely there are contracts, which allow you to they need to spend part of your own time on the research [7]. Also, Ana said Viitala, President Finnish society oncological services nursing services. She approves, what is respect to the medical Deposit specialist nurses and their experience is one of the reasons the one in Finland

observed one of the most high-performance indicators survival rate from cancer in the world. "In the oncological clinic polyclinic and palliative care Department b Tampere are working teams of doctors and nurses, and often are situations where nurse's efforts to care for the sick need it very, even more than doctor. In the working group a group that deals with care issues for the sick, maybe before 15 people-doctors, nurses, social networks employees [8]. By the second stage the RECaN project compared aspects of care of the sick cancer in four European countries with a special focusing on security, working conditions, recognition and management. The countries were Estonia and Germany, where is the role of nurses less developed, Netherlands, and the United Kingdom, where is she developed. Preliminary tests results show, what in General oncological services nurses in Great Britain and the Netherlands evaluated the culture security features patients significantly higher in comparison with the other two by countries. Oncological services nurses in Netherlands gave the highest ratings for " number registered users events", " openness communication" and " not punitive response to errors." Oncological services nurses in Netherlands and the UK gave the highest rating for " frequency messages about events» [9]. Netherlands leading the way as the only one the country where it works one-year program to care for patients with cancer, founded at the national level the curriculum. Exists also the degree of master's degree in advanced areas medical information nursing a practice that different from one-year old software programs patient care cancer, which qualifies as a specialist nurse. However, in many cases countries that exist postgraduate programs qualifications to care for patients with cancer, but they are officially not recognized and they don't give you any money changes to the status, role or payment. in Portugal Ordem dos Enfermeiros (national advice on nursing to the case) provides certification specialists in six areas healthcare, but cancer is not included among them. Challenge these assumptions it is a focus Phase 3 of the project RECaN in which considered the question of whether how best to promote it patient care cancer in the quality of recognized specialties in various ways political parties or medical records contexts in Europe. With a key to this propaganda there will be evidence, received as a result review of literature RECaN and search results research, comparing them patient care cancer in the UK, Holland, Germany and Estonians. in Asia research shows, what are the patients doing often clearly not they expressed their needs due to a shortage time that it is organizational structure a barrier to communication [10]. Good it is known that lack of staff it is the main one the reason for the shortage time [11]. Previous ones research also shown, what is the impact Chinese culture can obstruct it for patients open it your own needs. Patients are shy disturb nurses, therefore, they Express its physical form pain only when it becomes unbearable [12]. Will the patients decide start a conversation or not, it depends from the fact that they believe whether they are what their the problem should be quick resolved or maybe deferred to until nurses don't they will come for providing procedural support help. Getting it palliative care help at home for today the day is getting better most relevant. Research, conducted in Japan, however that about 60% of Japanese people they want to die at home, with an organization high-quality palliative care maintenance, provided by practitioner's nurses [13].

#### REFERENCES

- 1 Expanding the role of cancer nurses // Quinn. – 2008. - №2. – P. 26-37.
- 2 Cancer Nursing. Cancer Nursing // An International Journal for Cancer Care. 2018. URL: <http://www.ovid.com/site/catalog/journals/374.jsp>.
- 3 Cook S, Fillion LF, Fitch M, Veillette A-M, Matheson T, Aubin M, Rainville F. Core areas of practice and associated competencies for nurses working as professional cancer navigators // Canadian Oncology Nursing Journal. – 2013. - №23(1). – P. 44–52.
- 4 Cummings GG. Editorial: Your leadership style - how are you working to achieve a preferred future? // Journal of Clinical Nursing. – 2012. - №21. – P. 3325–3327.
- 5 Vohra S., Feldman K., Johnston B., and others: Integrating complementary and alternative medicine into academic medical centers: the experience and perceptions of nine leading centers in North America // BMC Health Serv Res. – 2005. - №5. - 78 p.
- 6 Better outcomes, better experiences: why cancer nursing is a job for specialists URL: <https://cancerworld.net/systems-services/better-outcomes-better-experiences-why-cancer-nursing-is-a-job-for-specialists/>
- 7 A Charalambous et al. Review of trials of interventions performed or conducted by oncologists // Int J Nurs Studies. – 2018. - №86. – P. 36–43.
- 8 Nevidjon BM. Oncology nurses: Innovating precision care in a changing treatment environment // Asia-Pacific Journal of Oncology Nursing. – 2018. - №5(2). – P. 131–133.
- 9 Researchgate. Virpi Sulosaari. University of Turku\ Department of Nursing Science. URL: [https://www.researchgate.net/profile/Virpi\\_Sulosaari](https://www.researchgate.net/profile/Virpi_Sulosaari)
- 10 how to become a nurse in the UK. URL: <http://www.russianguide.co.uk/work/nursing.html>.
- 11 Nelson BA. Healthcare team members' perception of staffing adequacy in a comprehensive cancer center // Oncol Nurs Forum. – 2011. - №38. – P. 52–59.
- 12 Рик О. Онкологическая реабилитация // Oncol Res Treat. – 2017. - №40. – P. 772-777.
- 13 Janet Lee, "Nurse and soldier: gender, class, and national identity in the adventures of grace McDougall and Flora Sandes in world war I," // journal of women's history. – 2006. - №15. - P. 83-103.

**Н.Н. Иванченко, С.Х. Мадалиева, Аль-Абдулла Салима Джаляль, Б.Р. Руслановна**  
*С.Ж. Асфендияров атындағы Қазақ Ұлттық медицина университеті*

#### ОНКОЛОГИЯДАҒЫ МЕДБИКЕЛЕРДІҢ РӨЛІ

**Түйін:** Онкология дегеніміз өте күрделі сала, онда медбикелер науқастарға және олардың отбасыларына емдеу мен диагностика барысында болатын стресс пен үрей кезеңінде (атап айтқанда, аурудың себебі, оның ішінде толыққанды емдеу, қалпына келтіру процесінің нәтижесі сияқты ақпараттың жеткіліксіздігінен туындайтын алаңдаушылықты мысалға келтіруге болады) толық күтім жасап, моральдық қолдау көрсетеді. Онкологиялық медбикелер әртүрлі мекемелерде, соның ішінде

жедел медициналық көмек ауруханаларында, амбулаторияларда, емханалардағы онколог кеңселерінде, радиотерапиялық мекемелерде, үйде күтім жасау және паллиативті көмекпен айналысады.

**Түйінді сөздер:** Онкологиядағы медбике, медициналық көмек, радиология, онкологиялық қызмет, қатерлі ісік

**Н.Н. Иванченко, С.Х. Мадалиева, Аль-Абдулла Салима Джаляль, Б.Р. Руслановна**  
*Казахский Национальный медицинский университет имени С.Д. Асфендиярова*

### **РОЛЬ МЕДИЦИНСКИХ СЕСТЕР В ОНКОЛОГИИ**

**Резюме:** Онкология - это огромное сложное поле, где медсестры обеспечивают полный уход и моральную поддержку пациентам и их семьям во время периодов стресса и страха, связанных с диагностикой и лечениями, а также тревожностью и беспокойством о недостаточном объеме информации, такие как причина этих заболеваний, в том числе итог всего процесса лечения, смерти или дальнейшего восстановления. Онкологические медсестра практикуются в различных учреждениях, включая больницы скорой неотложной медицинской помощи, амбулатории, кабинеты онколога в поликлиниках, радиотерапевтические учреждения, уход на дому и паллиативной помощи.

**Ключевые слова:** медсестра в онкологии, радиология, медицинская помощь, онкологическая служба, рак