

A Delphi Study Yielded Consensus Views on Advanced Breast Cancer Education Curriculum for Cancer Nurses

Elizabeth Dury*

School of Nursing, Midwifery and Health Systems, University College Dublin, Belfield, Dublin 4, Ireland

Abstract

Background: For people living with advanced breast cancer, specialist nursing care is a key indicator of quality care. However, access to and quality of advanced breast cancer nurse education programmes varies [1].

Objectives: The purpose of this study is to define the topics that will be included in an international curriculum for an advanced breast cancer education programme.

Methods: A modified four-round Delphi study was accepted with experts by profession and experience in advanced breast cancer. Thirty-four motifs related to advanced breast cancer and six online tutoring and literacy styles were pre-selected following a methodical review. Between September 2021 and March 2022, the expert panel determined the significance of motifs for addition in the education programme. Consensus was defined by at least 80 agreement on the loftiest three points on a 9-point Likert scale.

Results: An aggregate of 31 experts shared in rounds 1–3 of this study, and 156 experts by profession and experience shared in a fresh fourth round, including people living with advanced breast cancer ($n = 72$, 46), healthcare professionals ($n = 46$, 29), family members or caregivers of a person diagnosed with advanced breast cancer ($n = 30$, 19) and advocacy professionals working in the area of advanced breast cancer ($n = 8$, 5). In round 4, 36 motifs and five of six literacy styles reached agreement [2].

Conclusions: The results of this study give a frame to develop education programmes in advanced breast cancer, defining the essential rudiments of class content for similar programmes. The results punctuate the need for advanced breast cancer education programmes to use multiple tutoring and literacy styles to promote nurses' understanding of person-centred probative care and the physical, psychosocial and spiritual issues endured by people living with advanced breast cancer.

Keywords: Advanced breast cancer; Breast neoplasms; Oncology nursing; Curriculum; Education; Delphi technique

Introduction

Breast cancer is the most commonly diagnosed cancer globally. For every person diagnosed with cancer, 1 in 4 is diagnosed with breast cancer. In particular, Northern and Western Europe has recorded some of the highest incidences of breast cancer globally [3]. Of people presenting with a breast cancer diagnosis, 5–10% present with advanced or metastatic disease. Furthermore, 30% of people who present with early breast cancer later develop metastatic breast cancer.

People diagnosed with advanced breast cancer experience significant symptoms and unmet information needs that adversely affect their quality of life [4]. Access to specialised cancer care can support enhanced management of physical symptoms and is associated with improved psychosocial well-being, including lower rates of anxiety and depression and greater satisfaction with quality of care. However, despite evidence to suggest improved outcomes for people living with advanced breast cancer who have access to specialised nursing care, less than one-third receive specialised care [5]. Furthermore, only 55% of European countries currently have access to specialised breast cancer units, with a poor distribution of services within those countries. Specialist breast care nurse roles are essential for high-quality care for people living with advanced breast cancer. However, there are significant disparities in access to specialist breast cancer nursing roles, even in countries where specialist breast cancer units exist, owing to variability in the recognition of specialist cancer nursing roles and access to education underpinning the development of these roles [6].

While there are standards and competencies for nursing in the areas of breast cancer, few structured curricula focus on advanced

breast cancer specifically and comprehensively. A recent systematic review has highlighted the limited number of postgraduate educational programmes relating to advanced breast cancer care; this review synthesised seven thematic areas representing the standards and competencies related to advanced breast cancer education [7]. However, within the postgraduate educational programmes identified, few provided detailed information on the curriculum of the programme; none consistently aligned with existing standards for breast cancer education, and most were delivered in face-to-face formats, limiting their accessibility. Furthermore, no existing programmes included consultation with people living with or affected by advanced breast cancer. Given geographical and linguistic disparities in access to education programmes, there is a need for a comprehensive and accessible education programme to provide specialised training to breast cancer nurses [8]. This research aims to obtain consensus on the essential topics for an international curriculum for an advanced breast cancer education programme for nurses [programme title acronym]

*Corresponding author: Elizabeth Dury, School of Nursing, Midwifery and Health Systems, University College Dublin, Belfield, Dublin 4, Ireland, E-mail: Elizabeth.dury@dcu.ie

Received: 25-Jan-2023, Manuscript No. ijm-23-89690; **Editor assigned:** 28-Jan-2023, PreQC No. ijm-23-89690; **Reviewed:** 11-Feb-2023, QC No. ijm-23-89690; **Revised:** 21-Feb-2023, Manuscript No. ijm-23-89690(R); **Published:** 28-Feb-2023, DOI: 10.4172/2381-8727.1000208

Citation: Dury E (2023) A Delphi Study Yielded Consensus Views on Advanced Breast Cancer Education Curriculum for Cancer Nurses. Int J Inflamm Cancer Integr Ther, 10: 208.

Copyright: © 2023 Dury E. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

redacted] from a diverse group of people who are experts in advanced breast cancer by experience and profession, via a modified Delphi technique.

Methods

The Delphi technique solicits the opinions of an expert panel, including experts by experience or profession, to provide their views on a particular issue or concept to reach a consensus view to determine priorities for or definitions of a concept of interest. This study was conducted between November 2021 and January 2022. A Delphi process achieves panel consensus via repeated voting over consecutive rounds. After each round, the results of the previous round are presented to the expert panel before progressing to subsequent rounds, enabling participants to reflect on trends in expert views and adjust their responses if they wish. This study was initially designed as a 3-round Delphi study, which sought to recruit a diverse sample of participants, including people living with advanced breast cancer. However, following the initial recruitment process, shortcomings were identified in the diversity of participants recruited, and an additional fourth cross-sectional round was undertaken, which included the translation of the questionnaire into fifteen languages. While this does not reflect traditional Delphi methodology, there is no standard definition of a 'modified' Delphi. Therefore, the meaning of 'modified' in the context of this study, and the rationale for the modified approach adopted is clearly articulated within the recruitment and data collection sections of this manuscript. Ethical approval for the study was obtained from the [University Redacted] Health Sciences Research Ethics Committee.

Sample

While Delphi studies have been used for decades, there remains limited agreement on optimal sample size. The minimal sample size for a Delphi expert panel ranges from as low as three to fifteen actors. To insure the Delphi fashion is effective in achieving agreement, actors must be chosen grounded on their amenability to engage in the process and their experience and knowledge of the content under study. Likewise, diversity in the expert panel, reflecting the diversity of stakeholders affected by the subject, can enrich the Delphi procedure and, eventually, the impact of the product of the Delphi process. This study thus set out to retain a different panel of experts by practice and experience. The addition criteria for this study needed actors to tone-identify as an expert in advanced bone cancer by practice or particular experience, and included

- People with a opinion of advanced or advanced or metastatic bone cancer.
- Family members or caregivers of a person who has had a opinion of advanced or metastatic bone cancer.
- Health professionals with experience looking after people living with advanced or metastatic bone cancer.
- Experimenters with experience in the field of advanced or metastatic bone cancer.
- Advocacy professionals with experience in advanced or metastatic bone cancer.

The study didn't put rejection criteria on participation grounded on terrain; still, as the first three rounds of the study were conducted in English, actors were needed to be suitable to read and write in English for these rounds.

Data collection

The study design originally comprised of a three- round Delphi. The questionnaire in rounds 1, 2 and 3 included three sections. The first section collected sample characteristics, including country of hearthstone and particular or professional area of moxie. The alternate and third sections of the questionnaire invited the panel of experts to singly rank 34 motifs across six disciplines related to advanced bone cancer and six online tutoring and literacy styles. The first-round questionnaire also included two open- textbook particulars allowing actors to propose fresh motifs or tutoring styles. Recommendations regarding fresh motifs were presented in posterior rounds. Where recommendations for fresh motifs lapped with being motifs or stressed implicit misconstructions of motifs, information regarding the specific recommendation or explanation, and how they related to the being content were included alongside the original item in rounds 2 and 3. In rounds 1 and 2, each item in sections 2 and 3 of the questionnaire were ranked on a 9- point Likert scale, where 1 – 3 = Not important, 4 – 6 = doubtful, and 7 – 9 = important. Consensus was indicated where > 80 of actors agreed an item should be included (i.e. a response of 7, 8 or 9). Consensus disagreement was defined where > 80 of actors indicated an item wasn't important for addition (i.e. a response of 1, 2 or 3), and was removed from the posterior rounds. In round 2, actors were invited to rate the significance of particulars that achieved agreement or didn't reach agreement for addition or rejection after round 1. In round 3, actors were asked to indicate whether particulars from round 2 that reached agreement for addition and particulars that continued to warrant agreement for addition or rejection should be definitively included in the (programme title redacted) class by responding " yes " or " no " to each content or tutoring system. In Rounds 2 and 3, the position of agreement reported by the expert panel from the former round was presented for each item [9].

Results

Sample characteristics

In total, 32 people expressed interest in sharing in the original Delphi study, and 31 responded to one or further rounds (Response Rate 97). Nineteen actors responded to all three rounds of the Delphi; nine actors responded to two rounds, and three actors responded to one round only, of whom two responded to the first round only, and one responded to the final round only. Twenty- five actors responded to rounds 1 and 2, and 28 responded to round 3. While six actors who expressed interest didn't respond to the first round, five completed round 2 and round 3, and one completed round 3 only. Five actors who completed round 1 didn't complete round 2; of these, two didn't complete any farther rounds, while the remaining three completed the third round following assignation. The demographic characteristics of actors from rounds 1, 2 and 3 of the Delphi are presented in Table 2. As preliminarily stressed, healthcare professionals constituted the maturity of the sample in the original rounds. One person living with advanced or metastatic bone cancer completed all three rounds of the Delphi, while those who tone- linked as experimenters in the area of advanced bone cancer completed rounds 1 and 3 only. In all three rounds, actors were primarily resident in the United Kingdom or Spain. The fourth, cross-sectional round of the Delphi questionnaire was restated into 15 languages, including English. A aggregate of 253 questionnaires were returned, of which 156 were completed in full. Questionnaires with missing data were barred from the analysis. Within this fourth round, actors were generally people living with a opinion of advanced bone cancer (n = 72, 46). The remaining actors were healthcare professionals (n = 46, 29), family members or

caregivers of a person diagnosed with advanced bone cancer (n = 30, 19) and advocacy professionals working in the area of advanced bone cancer (n = 8, 5). The fourth round of the questionnaire achieved lesser diversity in the countries where actors abided, with utmost actors from Turkey (n = 53, 34), followed by the UK (n = 26, 17). Questionnaires were completed in eleven of the fifteen available languages, with utmost being completed in English (n = 56, 36) or Turkish (n = 54, 35).

Discussion

This study was designed to develop a comprehensive class for an online education programme in advanced bone cancer, responding to a gap in class development specific to advanced bone cancer. Within being norms and capabilities for bone cancer, none have explicitly involved people living with advanced bone cancer and their caregivers in setting norms and capabilities, or developing programmes [10]. Following a modified Delphi approach, an expert panel of people living with advanced bone cancer, family members, caregivers, healthcare professionals, advocacy professionals and experimenters working in the area of advanced bone cancer reached agreement on the motifs that cancer nurses working in the area of advanced bone cancer must be educated, adding the connection of our findings for cancer nanny education. While actors of round 4 weren't involved in the agreement-structure exercise from rounds 1 to 3, the thickness in agreement for the addition of the maturity of motifs across all six educational disciplines, and all but one item in the styles of tutoring and literacy sphere give believable substantiation for the addition of motifs within an transnational class for advanced bone cancer. People living with advanced bone cancer and their families witness complex requirements associated with the goods of treatment and psychosocial consequences of the opinion. Open textbook responses in rounds one and four of this study handed sapience into precedence areas for nursing education in advanced bone cancer, most specially, equipping nurses to give person-centred probative care and to address physical, cerebral, social and spiritual issues which people living with advanced bone cancer may witness [11]. The motifs included in this class astronomically reflect being norms for nursing education and capabilities in advanced bone cancer. still, a particular strength of this class is the methodical approach to its development, sustained by a methodical review of being substantiation, and confirmation and modification of the proposed class through discussion with a different panel of stakeholders in the area of advanced bone cancer, responding to limitations of analogous programmes in this field. Policy and advocacy work over the once five times has stressed difference in access to specialist bone cancer care and services encyclopaedically, which has the implicit to impact the health issues of people living with advanced bone cancer [12] likewise, there's expansive substantiation that demographic and geographic factors may impact the staging of cancer at opinion, access to standardised care and treatment, and survival issues associated with bone cancer. It's thus of interest that within the early rounds of the Delphi study, that cancer webbing, bone mindfulness and inequalities in bone cancer care didn't achieve agreement among the expert panel, albeit that experts within these rounds were primarily healthcare professionals.

Conclusions

This Delphi study aimed to gain agreement on the curricular content and styles of tutoring and literacy for an online nanny education programme in advanced bone cancer. Identification of the motifs and tutoring and literacy styles applicable to the education of nurses in the area of advanced bone cancer has counteraccusations for the development of unborn programmes in this area. While this study is subject to limitations, the results of rounds 3 and 4 of this Delphi study

demonstrate thickness in agreement between experts by profession and experts by experience to insure nurses involved in the care of people living with advanced bone cancer are educated on the background and significance of the complaint, current treatments, probative, palliative and end of life care, practical chops, multidisciplinary working and tone-care. In addition, the results of this study demonstrate agreement on the use of multiple styles of tutoring and literacy, and involvement of people living with advanced bone cancer in education to enhance nurses' knowledge and understanding of individualities' requirements with respect to person-centred probative care. The results of this study give a frame for the development of unborn programmes in advanced bone cancer, defining the essential rudiments of class content for similar programmes. The agreement-structure conditioning accepted within this study were conducted in the environment of developing an online educational programme. The adaption of the curricular content and styles of tutoring and literacy linked in this study will bear acclimatizing and confirmation to insure the requirements of the target cult and stakeholders are addressed, including scholars, cancer care services, and bodies furnishing oversight for the regulation, enrolment and norms of practice for registered nurses.

Acknowledgement

None

Conflict of Interest

None

References

1. Au A, Lam W, Tsang J, Yau TK, Soong I, et al. Fielding Supportive care needs in Hong Kong chinese women confronting advanced breast cancer. *Psychooncology* 22: 1144-1151.
2. Avella JR (2016) Delphi panels: research design, procedures, advantages, and challenges. *Int J Dr Stud* 11: 305.
3. Banham D, Roder D, Keefe D, Farshid G, Eckert M, et al. (2019) Disparities in breast screening, stage at diagnosis, cancer treatment and the subsequent risk of cancer death: a retrospective, matched cohort of aboriginal and non-aboriginal women with breast cancer. *BMC Health Serv Res* 19: 387.
4. Biganzoli L, Marotti L, Hart CD, Cataliotti L, Cutuli B, et al. (2017) Quality indicators in breast cancer care: an update from the EUSOMA working group. *Eur J Cancer* 86: 59-81.
5. Bochenek-Cibor J, Gorecka M, Storman D, Bala MM (2020) Support for metastatic breast cancer patients-a systematic review. *J Cancer Educ* 35: 1061-1067.
6. Cabral A, Baptista A (2019) Faculty as active learners about their practice: toward innovation and change in nursing education. *J Contin Educ Nurs* 50: 134-140.
7. Cardoso F, Cataliotti L, Costa A, Knox S, Marotti L, et al. (2017) European breast cancer conference manifesto on breast centres/units. *Eur J Cancer* 72: 244-250.
8. Charalambous A, Wells M, UniMedico AGCampbell P, Torrens C, Ostlund U, et al. (2018) A scoping review of trials of interventions led or delivered by cancer nurses. *Int J Nurs Stud* 86: 36-43.
9. Contreras JA, Edwards-Maddox S, Hall A, Lee MA (2020) Effects of reflective practice on baccalaureate nursing students' stress, anxiety and competency: an integrative review. *Worldviews Evid.-Based Nurs* 17: 239-245.
10. Dafni U, Tsourti Z, Alatsathianos I (2019) Breast cancer statistics in the European Union: incidence and survival across European countries. *Breast Care (Basel)* 14: 344-353.
11. Davies E (1995) Reflective practice: a focus for caring. *J Nurs Educ* 34: 167-174.
12. Durgahee T (1996) Reflective practice: linking theory and practice in palliative care nursing. *Int J Palliat Nurs* 2: 22-25.