

## Editorial

# Contemporary Issues in Cancer Patients' Education

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An estimated 18.1 million new cases of cancer were reported worldwide in 2018, and cancer survival is rapidly improving (Ferlay et al., 2019; CRUK, 2019). Well-informed cancer patients have better healthcare outcomes, suffer from less anxiety, and make informed treatment decisions (Maddock et al., 2010). This highlights the necessity of patient education in effectively delivering high-quality care to patients. "Patient education is defined as any set of planned educational activities designed to improve patient's health behavior, health status, or both" (Lorig, 2001).

Patient education is instrumental because they should receive information regarding their disease and the potential benefits and side effects of their treatment as well as be able to provide their consent prior to commencing treatment. Contrarily, the information should be comprehensible for the patients to acquire sufficient knowledge and facilitate their active involvement in decision making to, subsequently, ensure compliance with the treatment plan. Additionally, it is reported that well-informed patients are more satisfied with their care because they have better control of their health status and cite a better quality of life (Berger et al., 2018).

The goal of patient education is to enable patients to make decisions and actively participate in their care. Some health education goals are providing information for patients to understand the disease process, empowering the patient to participate actively in treatment, preventing complications, enhancing the quality of life, and verbally providing additional information (Scaramuzzo, 2017).

Patients' education requirements vary and generally depend on age, stage of the disease, immediately after diagnosis, gender, type of cancer, patient's education status, and ethnicity

(Mistry et al., 2010). In the literature on the topic, four primary areas of patients' informational needs can be commonly identified. These are disease concerns (e.g. diagnosis, treatment, tests), personal concerns (e.g. impact of disease and treatment on well-being and functioning), family concerns (impact on family), and social concerns (interactions with peers, leisure and social interests, and relationships with health professionals).

Assessment is the first and most significant step to be adopted when instructing patients. It provides two additional pieces of information to the nurse – the patient's available knowledge and their knowledge requirements (Agre & Shaftic, 2007). Assessment, furthermore, can be categorised into two: clinical assessment and assessment for research.

In the clinical setting, nurses should collect and update information regarding the patients, such as whether they have any physical limitations, their religious beliefs, the kind of information style they prefer; therefore, nurses should pose queries regarding these to the patients. Nursing literature identifies and describes several tools for assessing patients' educational needs depending on their education level, stage of disease, and treatment (Dalby et al., 2013; Christalle et al., 2019).

The nurse will further support the information provided by the oncologist and motivate interventions regarding treatment and its side effects, self-care activities, and other issues such as compliance with medication, etc (Treacy & Mayer, 2000). In the chemotherapy and radiotherapy setting, individual and family education sessions may focus on treatment side effects and their management, self-help strategies and support programs and groups. Cancer patients are also often included in clinical trial protocols so that they can utilize the assistance of

an experienced research/clinical trials nurse who can provide extensive education and follow-ups and extend support for patients on studies or trials.

Nurses should be informed about the general principles of patient education, prior to the beginning of teaching. These are:

- Assess patients' physical and emotional well-being, their understanding of their diagnosis, and aid them in understanding the needs of the planned course of treatment;
- Evaluate the patient's ability to comprehend what is being taught;
- Possess some understanding of the patient's family environment and support system;
- Ensure that patients have sufficient time to pose questions; furthermore, assist them in communicating their information requirements to the health professionals
- Appropriately maintain documentation of patient education through the period of the patient's care since this assists in monitoring the progress of the patient and their family.

The most common teaching methods are one-to-one and group teaching. The one-to-one teaching method is more frequently used since it is practical, convenient, and efficient. It is performed informally during a procedure or while engaging in other nursing activities such as explaining side effects while hanging IV medications. In some cases, this may be more formal, with the nurse concentrating only on instruction. There are several advantages to one-to-one methods, such as visual contact between the nurse and the patient; verbal teaching is often accompanied by demonstrations or customisation of the teaching in accordance with the circumstances and physical limitations of the individual (e.g. difficulties in concentration and in understanding) (Agre & Shaftic 2007).

In group teaching, a lesser amount of time is required than in one-to-one teaching. If members of the group actively participate, the group dynamics can ensure that the teaching is more interesting, pertinent, and lively. One patient's questions may aid another in recognising that they wish to know the answer as well. (Agre & Shaftic, 2007).

The most common teaching tools are print materials, video, DVD, CD, other modern technological tools (the Internet, social media platforms, webinars, e-mails), verbal teaching (combined with other teaching methods), demonstrations, visual aids (e.g. pictures and illustrations), and use of multiple teaching strategies (Friedman et al., 2011; Scaramuzzo 2017)

Nurses should determine the patient's knowledge base and their knowledge requirements, identify barriers that may influence their learning outcomes (physical, sensory, emotional, readiness to learn), locate their preferred learning methods (reading, pictures, video, listening, demonstrations), develop and strategize the most effective means to educate the patient/caregiver, prioritize and execute teaching content to ensure that the learners' requirements are addressed, establish an environment that encourages patients and families to raise questions to learn and participate, identify the methods of teaching and evaluate their learning (Beagley, 2011; Scaramuzzo, 2017) .

In conclusion, it can be stated that patient education is an important issue. Cancer patients have several learning needs and nurses should consider several factors when engaging with cancer patients and their families. There is a significant need to include courses for equipping nurses with such teaching methods in nursing curriculums.

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