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ONCOLOGY NURSES AT THE FOREFRONT TO EMPOWER CANCER PATIENTS DURING THE PANDEMIC

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With Manuela Eicher, Lausanne University Hospital (CHUV), Lausanne, Switzerland.

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Oncology nurses currently face the difficult task of reassuring vulnerable cancer patients in a context rife with uncertainty and personal hardship. Manuela Eicher teaches nurses at post-graduate level and leads a group of students and researchers investigating nurse-led interventions in cancer supportive care at the Lausanne University Hospital (CHUV). Sharing her own experience, she highlights the importance of taking the time to share information and gather relevant evidence for the delivery of specialised care during the pandemic.



Practicing oncology during the pandemic

To get a sense of how the COVID-19 pandemic is affecting cancer care at a global level, ESMO is reporting on the situation by sharing direct experiences and perspectives from Members in different countries.

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What role do oncology nurses play during the COVID-19 pandemic?

Many cancer patients and their families are rightfully very concerned about their health, and the constant flow of information from the media seems to add to these worries. Oncology nurses are not just responsible for delivering the necessary care to patients during treatment: they also contribute to monitoring physical and psychosocial symptoms and problems, and provide emotional support and guidance. To help them to do so in the peculiar context of the COVID-19 pandemic, we are currently setting up webinars for specialised cancer nurses and advanced practice cancer nurses from different hospitals to share their experiences and practices.

As a nurse researcher, I am also involved in the development of electronic patient outcome measures, which may prove useful for us to continue monitoring of patients at home. However, we need to guarantee that all symptom deterioration can be followed up and managed appropriately. We are also in the process of adapting a telephone triage tool for nurses, which provides a clear structure to telephone triage and contributes to patient safety.

Do you think oncology nurse training has adequately equipped them to face this type of crisis?

In this unprecedented situation, we lack evidence for many questions and challenges. Things change very rapidly, and everyone has to adapt at a substantially faster pace than usual. Patient safety and ethics are two issues in which nurses currently play a critically important role. Nurses learn to monitor situations and communicate efficiently, as well as to reflect on and guide ethical decision-making within a care team: these are likely to be crucial skills for navigating clinical situations in the upcoming weeks.

In addition, it is currently very difficult for many nurses and other care personnel to stay up-to-date on all of the latest evidence as it is published.

From your personal experience, what coping strategies are needed to deal with the risk of being exposed to a COVID-19 infection?

Many of our students, trained nurses who normally study part-time, have had to put their coursework on hold to support clinical practice full-time. We understand from our students that they feel psychologically, ethically and technically stretched helping in services that they are not trained for. They realise more than ever how important quality of care and person-centred care actually are. Despite the hardship though, they feel for the first time that their work is truly acknowledged.

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distress may be even greater right now. The National Comprehensive Cancer Network (NCCN) guideline on distress management was introduced in the oncology department at CHUV before the COVID-19 outbreak, and my colleagues are now using the so-called “distress thermometer” to rapidly screen patients and prioritise the support provided according to the problems they experience. This is important because we know from other epidemics and natural disaster situations that patients with long-term conditions such as cancer have a higher risk of illness complications being exacerbated by increased stress and changes in dietary or activity patterns.

In general, our patients need three main things from us: that we keep them safe, that we safeguard the quality of their treatment, and that we provide them with reliable information and emotional support, empowering them to adapt to and manage the situation.

What additional support is needed for oncology nurses facing the pandemic?

From my perspective, excellent communication and frequently updated information is the most useful kind of support. One of the nurse managers in the oncology department put it plainly: “Only reassured nurses can reassure patients!” It is crucial for managers to earmark enough time to inform, support and reassure the staff - not in spite of, but precisely because of extraordinary conditions in which they are working.

We also need more specific data to be shared about nursing care - similar to the way evidence is being shared about testing and treatment for COVID-19 - to be able to reflect and learn. The research community in cancer nursing is still small in Europe, so it is all the more important that we strive to gather data more systematically, share our experiences and develop opportunities for research on cancer nursing during this crisis.

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