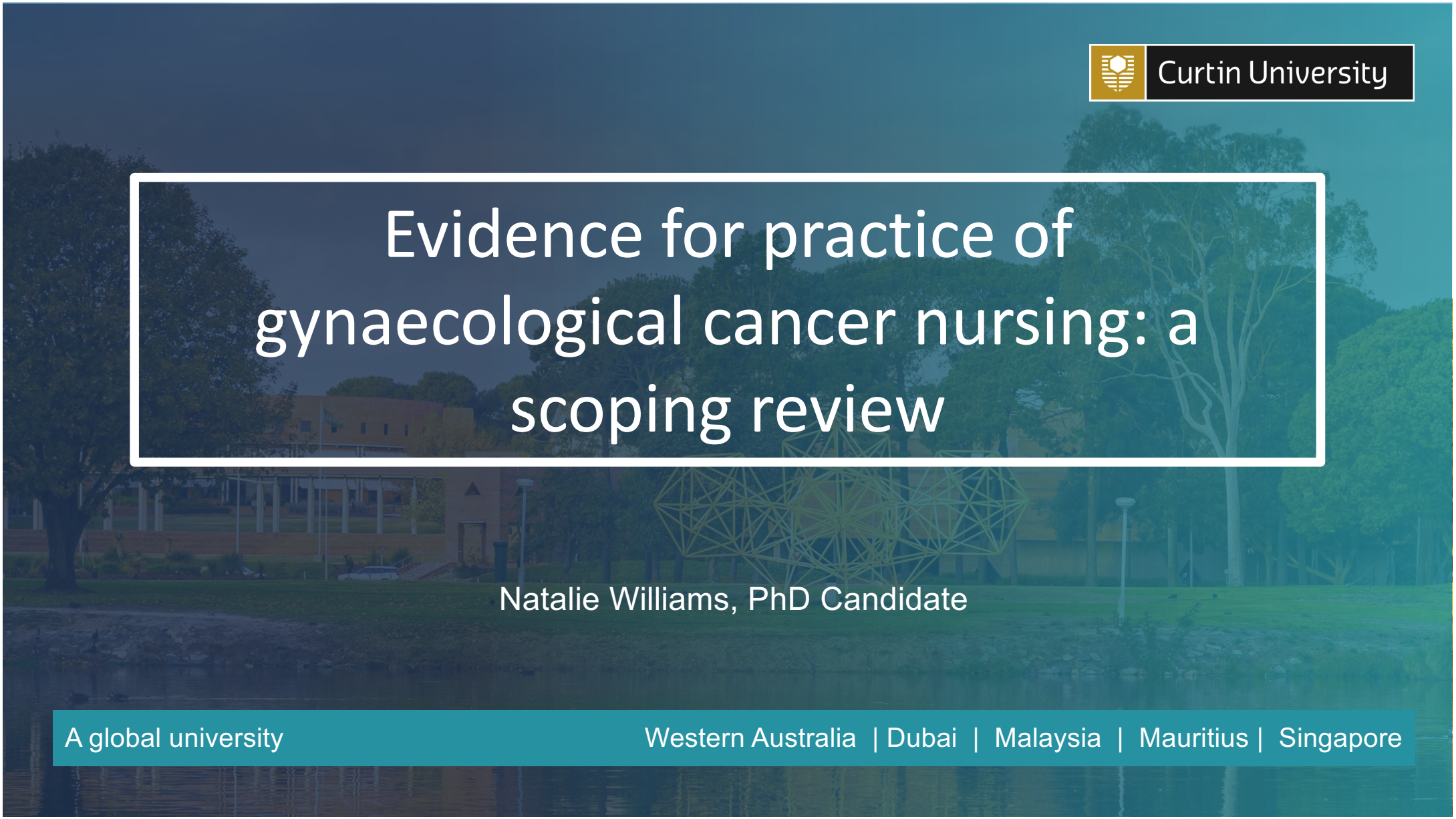
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Evidence for practice of gynaecological cancer nursing: a scoping review
Natalie Williams, PhD Candidate
A global university
Western Australia | Dubai | Malaysia | Mauritius | Singapore

Acknowledgement of Country

I would like to acknowledge the traditional custodians of the land we are meeting on, the Whadjuk people. I wish to acknowledge and respect their continuing culture and the contribution they made to the life of this city and region.

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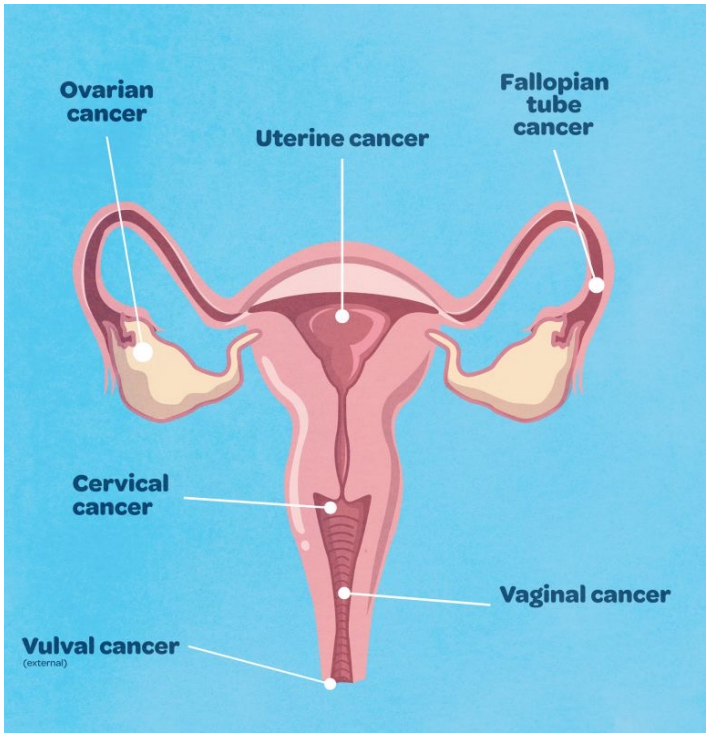
Gynaecological Cancer Nursing: Background

- Gynaecological cancers: tumour types affecting female reproductive system
- 7,000 Australian women per year (9.4% female cancers)

Australian Optimal Care Pathways

Nurses critical to optimising care

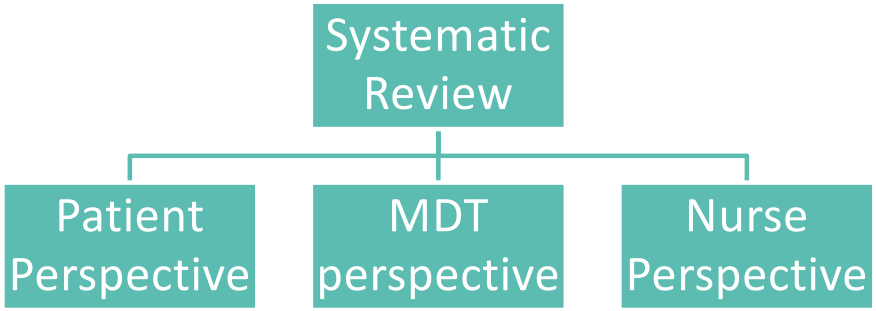


https://www.health.qld.gov.au/news-events/news/signs-symptoms-treatment-prevention-screening-test-gynaecological-cancer-women-cervical-vulval-vaginal-uterine-fallopian-tube-ovarian

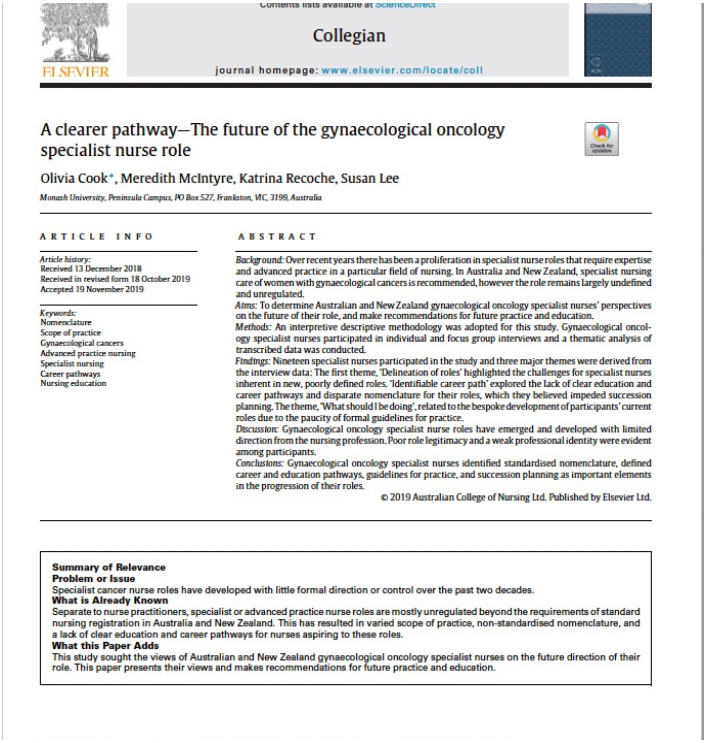
Project Background

GyN Care
Cancer nursing guidance

- Previous research: Role of the Gynaecological Cancer Nurse in Australia



- Recommendations included:
  - Standardised nomenclature
  - Defined career & education pathways
  - Succession Planning
  - Practice Guidance → FUNDING FOR GUIDANCE PROJECT



Collegian

journal homepage: www.elsevier.com/locate/coll

A clearer pathway—The future of the gynaecological oncology specialist nurse role

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ABSTRACT

Background: Over recent years there has been a proliferation in specialist nurse roles that require expertise and advanced practice in a particular field of nursing. In Australia and New Zealand, specialist nursing care of women with gynaecological cancers is recommended, however the role remains largely undefined and unregulated.
Aims: To determine Australian and New Zealand gynaecological oncology specialist nurses' perspectives on the future of their role, and make recommendations for future practice and education.
Methods: An interpretive descriptive methodology was adopted for this study. Gynaecological oncology specialist nurses participated in individual and focus group interviews and a thematic analysis of transcribed data was conducted.
Findings: Nineteen specialist nurses participated in the study and three major themes were derived from the interview data: The first theme, 'Delineation of roles' highlighted the challenges for specialist nurses inherent in new, poorly defined roles. 'Identifiable career path' explored the lack of clear education and career pathways and disparate nomenclature for their roles, which they believed impeded succession planning. The theme, 'What should I be doing', related to the bespoke development of participants' current roles due to the paucity of formal guidelines for practice.
Discussion: Gynaecological oncology specialist nurse roles have emerged and developed with limited direction from the nursing profession. Poor role legitimacy and a weak professional identity were evident among participants.
Conclusions: Gynaecological oncology specialist nurses identified standardised nomenclature, defined career and education pathways, guidelines for practice, and succession planning as important elements in the progression of their roles.

Summary of Relevance
Problem or Issue
Specialist cancer nurse roles have developed with little formal direction or control over the past two decades.
What is Already Known
Separate to nurse practitioners, specialist or advanced practice nurse roles are mostly unregulated beyond the requirements of standard nursing registration in Australia and New Zealand. This has resulted in varied scope of practice, non-standardised nomenclature, and a lack of clear education and career pathways for nurses aspiring to these roles.
What this Paper Adds
This study sought the views of Australian and New Zealand gynaecological oncology specialist nurses on the future direction of their role. This paper presents their views and makes recommendations for future practice and education.

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Project Aims

GyN Care
Cancer nursing guidance

Optimising Specialised Nursing Care for Australians with a Gynaecological Cancer: A Research-Driven Resource

To develop a resource to guide the specialised nursing care of gynaecological cancers in Australia.

1. Explore preferences and expectations of gynaecological cancer nurses and people with lived experience on the design and content.
2. Investigate perceived acceptability, expected usefulness, enablers and barriers to implementation and preferred implementation approaches of service leaders and gynaecological cancer nurses.
3. Develop consensus on practice recommendations for nursing care of Australians with gynaecological cancers with gynaecological cancer nurses.

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Methods

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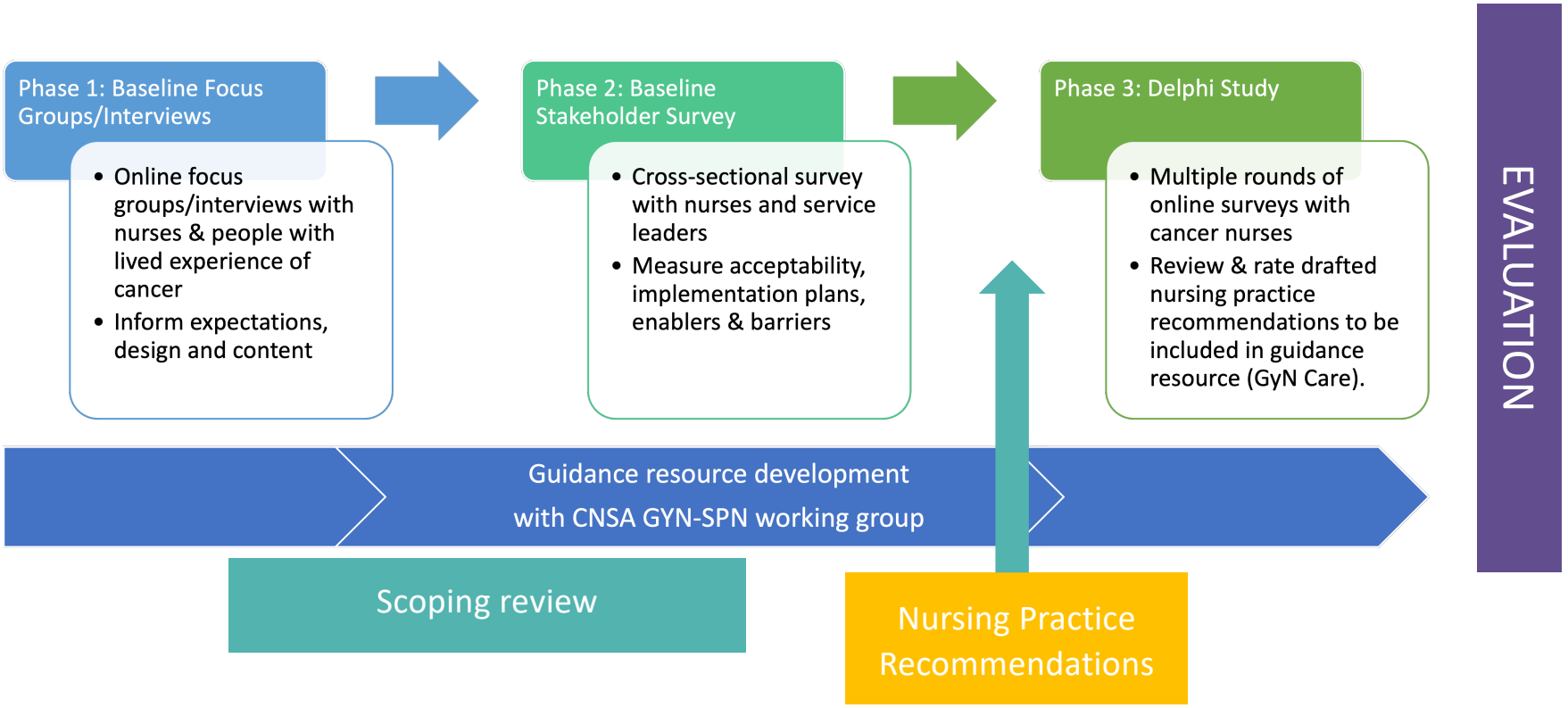

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Image credit: The University of Melbourne https://unimelb.libguides.com/c.php?g=402945&p=7058117

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Searching for Evidence

GyN Care
Cancer nursing guidance

Scoping review vs Systematic review

- Broad research question
- Maps existing literature
- Range of study designs (inc grey literature)
- Identifies gaps
- No critical appraisal
- Descriptive synthesis
- Useful for new topics without/limited prior reviews

- Focused research question – to inform practice or policy
- Pre-defined study types (usually high quality evidence)
- Rigorous critical appraisal
- Strict inclusion/exclusion criteria
- May include meta-analysis

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Scoping Review – Aims & Objectives

Aim: To identify and describe existing international guidance for the specialised nursing care of people with gynaecological cancers.

Question: What sources of guidance for gynaecological cancer nursing exist?

Objectives:

1. What nursing guidance is provided in existing sources?
2. In what countries were existing guidance sources developed?
3. How were they developed?
4. When were they last updated or reviewed?

Protocol available Open Science Framework: https://osf.io/ntdzj

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Inclusion & Exclusion Criteria

Population:

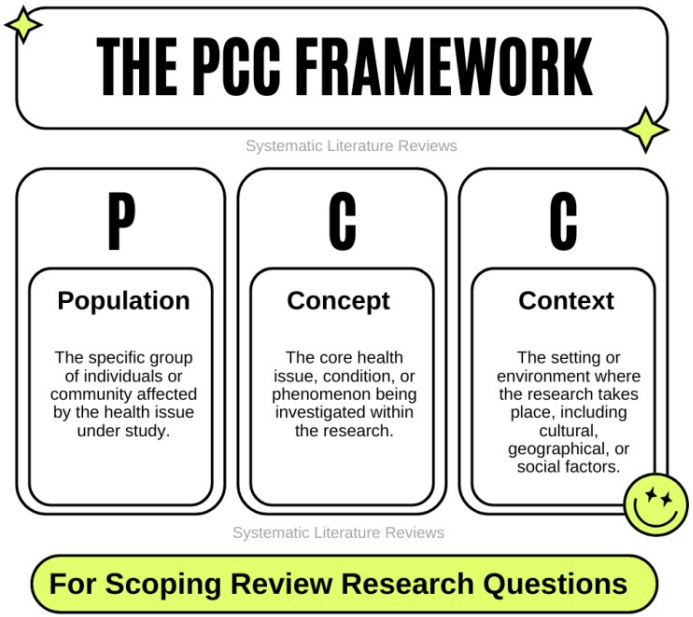
Must include information on the role of nurses delivering specialised nursing care for people with a gynaecological cancer.

Concept:

Must provide clinical guidance, recommendations for practice or other equivalent guidance (i.e. algorithms/consensus statements) to explain how gynaecological cancer nursing is or should be provided.

Context:

Specialised gynaecological cancer nursing in any international health context or setting.



Protocol available Open Science Framework: https://osf.io/ntdzj

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Sources

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Cancer nursing guidance

Databases:
- Medline (Ovid)
- CINAHL Ultimate (EBSCO)
- Proquest Central (Alumni)
- Google Scholar

Key multidisciplinary gynaecological cancer journal – no specialist nursing journal exists

Citation Tracking

Key websites:
- Cancer Australia
- Cancer Council (Australia)
- eviQ Education (Australia)
- New Zealand Cancer Control Agency
- Cancer Research UK
- Government United Kingdom
- National Institute for Health and Care Excellence (UK)
- British Gynaecological Cancer Society
- European Society of Gynaecological Oncology

Protocol available Open Science Framework: https://osf.io/ntdzj

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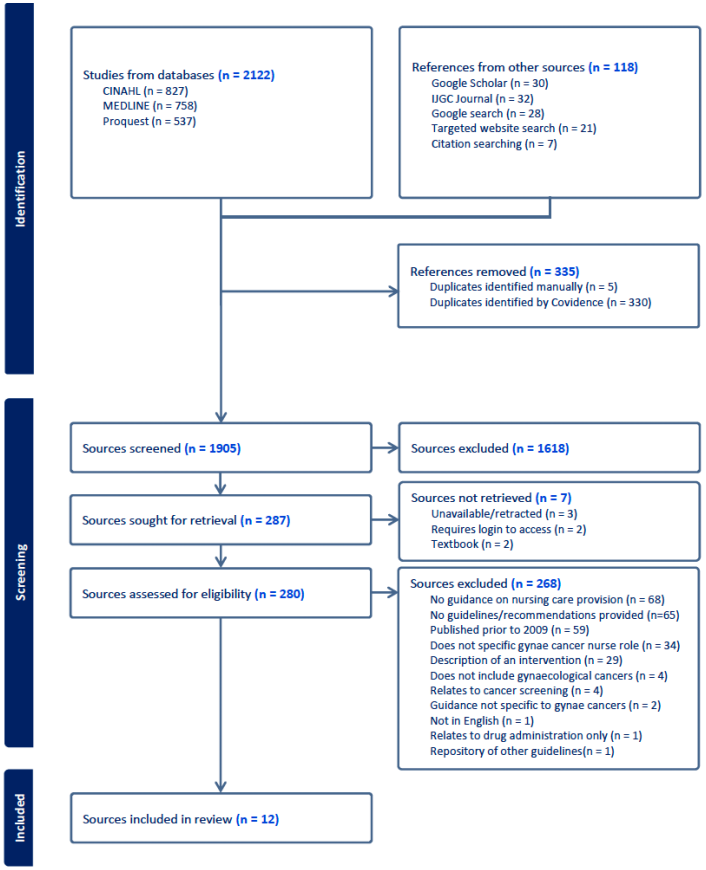
Search & Limits



Published literature:

- Primary research studies
- Reviews

Grey literature:

- Sources of guidance including clinical practice guidelines, frameworks, protocols, care pathways, algorithms, models of care
- Government & non-government, professional associations/bodies

Published from 2009 in English
Search undertaken on 4/4/25

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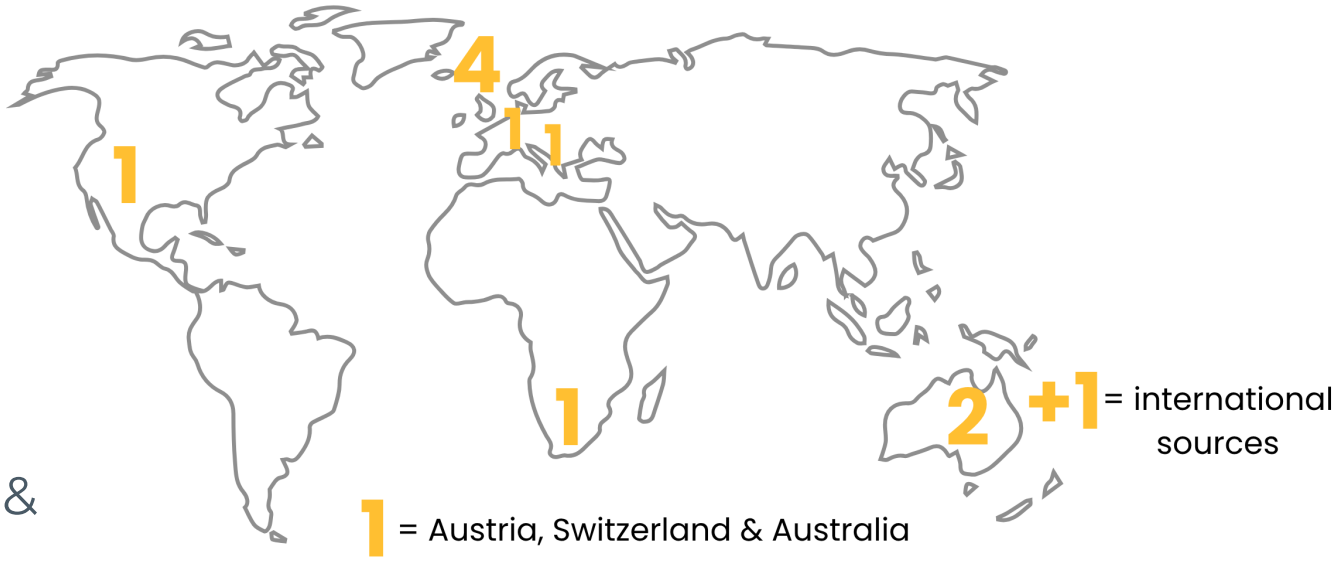
Sources identified=12

- United Kingdom
- The Netherlands
- Austria
- United States
- South Africa
- Australia
- Austria, Switzerland & Australia



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Source characteristics

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Cancer nursing guidance

- 11 years (August 2014 – October 2024)

Authorship:
- Individuals (clinical/university affiliations) = 7
- Professional societies =3
- Australian government organisations = 2

Intended audience:
- Nurses only = 3
- Multidisciplinary HCPs = 9

Type of Guidance:
- "Guidelines" – labelled in title (i.e. "evidence based guidelines", "best practice nursing guidelines" and "guidelines: recommendations for practice) = 6
- Algorithm = 1
- Guide to clinical practice = 1
- Team member roles & responsibilities = 1
- Research methods (Systematic review & Delphi consensus) = 2
- Special issue articles for nurses =1

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Gynaecological Cancer Types

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	All GC treated with pelvic radiotherapy	All GC likely to experience surgically-induced menopause	Uterine cancers	Ovarian cancer	Cervical cancer	Vulval cancer	Vagina cancer
Agency for Clinical Innovation[33]						•	
Bakker et al.[35]	•						
Campbell et al.[36]			•	•	•	•	
Cancer Australia[34]			•				
Cook et al.[38]			•	•	•	•	•
Kobleder et al.[23]						•	
Long et al.[37]					•		
Morrison et al.[30]			•				
Reed et al.[31]					•		
Senn et al.[39]						•	
Singh et al.[24]							
Taylor et al.[32]		•					

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Nursing Guidance

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Cancer nursing guidance

TABLE 1 | Included source characteristics and summary of nurse guidance.

Authors/year/country	Study design/ publication type	Development process/details	Gynaecological cancer type(s)	Target audience	Nurse related topics	Summary of nurse guidance (refer to sources for detailed information, where available)
Agency for Clinical Innovation, 2020 Australia (ACI 2020)	Guide to clinical practice	Consensus-based guidelines developed by MD clinical working group	All (nurse specific content—vulva only)	Multidisiplinary team (MDT)	Vulvar wound care	Recommended nursing care after vulval surgery includes: • frequent perineal toilets • patient education for regular vulval and wound care after toileting • drying the perineum following wound care or showering
Bakker et al. 2014 The Netherlands (Bakker et al. 2014)	Consensus using Delphi method	Three-round Delphi method with online questionnaire. Participants were clinicians with recognised expertise	All (pelvic radiotherapy treatment)	MDT	Information provision and support on sexual rehabilitation (vaginal dilator use and counselling) after pelvic radiotherapy	• After introduction of vaginal dilatator use by radiation oncologist pre-treatment, the oncology nurse should provide more extensive information during the first follow-up appointment (i.e., dilatation recommended for 1–3 min, 2–3 times per week, for at least 9–12 months after treatment with a lubricant) • Trained oncology nurses should provide psychological and practical patient support during sexual rehabilitation • Provide simple sex related advice and refer to sexologist if indicated • Initiate information provision and patient support through face-to-face discussion regardless of patient initiation • Involve partners in information provision
Campbell et al., 2019 United States (Campbell et al. 2019)	Special issue article	Summary of research articles, reviews, position statements and white papers, and evidence-based guidelines. No further detail provided on inclusion criteria, search strategy or methods	All (ovarian cervix, vulva, endometrial)	Nurses	Assessment, prevention and management of long-term and late effects	Psychosocial concerns: • Screen routinely at regular intervals • Further evaluation/screening if indicated • Reassurance of common feelings • Educate on expected recovery phases and medication use • Develop plan for activity and nutrition Sexuality/intimacy • Screen using Brief Sexual Symptom Checklist for Women • Evaluate response to treatment & referral needs • Menopause related health risks screening • Educate on vaginal symptoms and pain with sexual activity • Counsel if unable to achieve orgasm (i.e., intimacy without intercourse, Kegel exercises) Lower extremity lymphoedema • Ask about feelings of lower extremity heaviness (consider screening tool) • Lymphoedema specialist referral if indicated • Educate on increased risk activities and skin care to prevent infection Urinary symptoms • Assess urinary symptoms; consider urodynamic examination • Educate on urinary incontinence management strategies Bowel disturbances • Consider endoscopic assessment if indicated • Educate on management of faecal incontinence or constipation/evacuation disorder if indicated Post-treatment pain syndrome • Conduct comprehensive pain assessment • Consider referrals to specialists and/or physiotherapy if indicated • Educate on pain management, physical activity, hydration and prevention of constipation Fatigue, cognition impairment, sleep disturbances and chemotherapy-induced peripheral neuropathy • Educate on symptoms and management strategies

(Continues)

Nursing Actions:

- screening and assessment,
- patient education and information provision,
- psychosocial support,
- care coordination,
- wound care,
- specialist referral
- maximising wellness.

Related Topics:

Sexual health, menopause, lymphoedema, urinary and bowel symptoms, pain, fatigue, emotions, and body image

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Conclusions

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Cancer nursing guidance

- Internationally, 12 sources provide clinical guidance or practice recommendations for specialised gynaecological cancer nursing.
- No source provided comprehensive guidance across all gynaecological cancer types.
- Existing gynaecological cancer nursing guidance presents gaps in meeting nurses' needs.
- Comprehensive guidance development is recommended to optimise evidence translation.

Read the paper here

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Phase 3: Delphi consensus

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Cancer nursing guidance

ROUND TWO OPENING SOON

If you are a nurse who cares for people with gynaecological cancers:

You are being asked to review and rate a set of draft nursing practice recommendations in an online survey, estimated to take 20-40 minutes. You will be asked to rate the clarity of each recommendation.

Connect here to receive project updates:

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Thank you