



Original Article

# A Fundamental Study for a System Establishment of Advanced Practice Nursing for Gynecological Cancer Patients\*

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## Abstract

**Purpose:** This study was conducted to provide fundamental information for a system establishment of advanced practice nursing for gynecological cancer patients (APN-GCP). **Method:** Data was collected by focus group and individual interviews and analyzed in the framework of the Grounded theory method mapped by Strauss and Corbin (1990). There were 13 subjects in this study (nurses, doctors, patient and her family). **Result:** We identified 87 concepts, 22 sub-categories, and 10 categories. Categories for role expectation were arrangement of diagnosis and treatment process, giving information of treatment course, support of treatment process, patients' right toward making a decision of treatment, counseling and teaching after discharge from hospital, medical insurance and financial problems, counseling about sexual problems and use of family and community resources. All subjects perceived the necessity of an APN-GCP. An APN-GCP requires over 2~7 years clinical experience and a master's degree. Services would be performed from initial registration to

termination of treatment or death, and accomplished on an outpatient clinic basis. **Conclusion:** The nursing delivery system and curriculum should be developed for a women's health nurse practitioner including APN-GCP. As a further step, cost-effectiveness and projected estimation of manpower of APN-GCP should be studied in the future.

Key words : Gynecological cancer, Advanced practice nursing, System, Role

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“간호사 입장에서는 환자에 대한 정보는 현재 입원시 상황 밖에 알지 못하죠. 재입원하며 많은 경우에 담당 간호사가 바뀌니까 이전 입원시의 정보까지 확인하는데는 시간적인 한계가 있죠. ... 환자의 입장에서 집에서 생기는 문제나 의문에 대해 상담할 수 있는 채널이 없죠... 장기 케모 환자의 경우 치료 과정에 어느정도 익숙해 지고 스스로 적응하나 처음 입원할 때 불안이 크죠... 일반 간호사는 직접 간호도 하고, 환자가 궁금해하는 것도 많고, 심리적 간호도 해야한다고 하고 한학치유에 따른 오십구토 같은 것이 있다해도 어떻게 조절하는 것이 좋을지, 부작용에 대해 간단히 설명한다해도 시간적인 여유를 가지고 충분한 설명을 할 여유가 없죠... 간호사 대 환자 수가 너무 많죠... 간호사간 개인차도 크죠, ... 의사는 늘 바쁘죠. 의사가 연락이 안되는데 진통제 안주냐고할 때는 낡잖아...”

<Table 1>. 에도 가고, 퇴원후까지 연계를 갖게 되죠... 전문간호사가 되려면 부인과 병동 경력이 필요하고 석사나야 되겠죠. 관리 할 수 있는 환자의 수를 결정하기는 아직 어렵구요...”

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“환자를 처음보는 것은 처음 진단을 받을 때 부터죠. 우선 약이 의심되면 여러 가지 검사들이 추가적으로 필요하게 되니까 입원을 조정하고 특수검사를 위한 스케쥴이나 검사 계획을 설명하고, 치료가 결정되면 그에 따른 설명과 동의서 받는 일, 치료 진행, 부작용 등을 설명하고, 필요하다면 병실

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“초기 입원시 불안하고, 낯설고, 상황에 대한 이해가 부족하죠... 특수 검사같은 것은 가능하면 지연되지 않도록 연락해서 조정해주면 기다리면서 불안해하는 환자에게 많은 도움

<Table 1> Concepts and categories in perception of necessity and establishment of advanced practice nurses' role

Category	Sub - category	Concepts
Need for improved nursing	Problems of nursing delivery system	Changing in charge nurse at every admission Delay of notification for diagnosis Excessive assignment number of patients Lack of time for emotional care
	Role determination	Obscurity between nurses' and advanced practice nurses' roles Differences of performance among nurses
	Needs for quality of care	Various inquiries: Diagnostic tests, Treatment methods, Process, Results, Responses, Prognosis, Follow up care, Self-care Delayed pain control
System preparation	Qualification	Clinical experiences in gynecological cancer ward: over 2~7 years
	Scholarship	Necessity of Master's degree
Supporting services	Coordination	Accomplishment on OPD basis From initial registration to termination of treatment Various accommodations: Admission, Diagnostic test scheduling, Consultation, Special exam., Counseling after discharge Support of special treatment at gynecological cancer ward Adjustment of treatment at readmission
	Adjustment of the number of caring patients	The number of patients in a year: cases of cervical cancer about 250, ovarian cancer about 150, endometrial tumor about 60~70

이 되죠... 치루에 대한 1차적 설명은 의사가 해도 전문간호사의 부가적 설명이 필요해요... , 치루 부작용이나 영양 교육 같은 심층적 교육도 많은 도움이 되죠, 퇴원후에도 궁금한 문제가 있으면 전화로 상담하면 많은 불안이 감소된다고 해요. 자가관리 증진 교육도 하죠. ... 환자가 주로 궁금해하는 것은 치루에 대한 부작용, 퇴원후 관리, 수술후 상처 치유, 이상증상이 뭔지, 무얼 먹고 안먹어야 하는지... 치루가 언제까지 계속될 것인지 궁금해도 의사에게 물어보지 못하죠... 성문제는 잘 말하지 않고 환자들끼리 대화하는 경향이 있죠, 그래서 남편이 나 안버림가? 이혼을 요구하면 어떻게 하나? 불편할까봐 성관계 안한다고 하죠 ... 그러나 꼭 나쁜 경우만 있는 것은 아니고 경험환자를 지지그룹으로 활용할 수 있다고 해요... 환자가 주로 어려워 하는 문제는 케모 불편감, 치루시 영양, 전처치, 퇴원 후 영양과 같은 것들이죠, 의사들이 이전것 까지 관여하지는 못하죠... 미래 관련하여 볼 때 치루 과정에서 종양 표지 변화 등에 대해서도 환자에게 설명이 부족하죠... , 여성환자는 케모, 방사선 치루를 받는데 언더, 아내로서 돌보아야할 입장으로만 지내

왔기 때문에 지지받기 어려운 경우가 많죠... 독립적인 경제능력을 갖지 못하므로 보험 안되는 약물을 사용해야하는 경우 쉽게 포기하기도 해요... 보험문제는 중요해요. 예컨대면 골 전이의 경우 장애 진단 받으면 경제적 도움을 받을 수 있는 경우가 있죠... 여성이기 때문에 어려운 점도 있지만 자조그룹도 활용할 수 있죠..”

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<Table 2> Concepts and categories of expecting role in advanced practice nursing for gynecological cancer patients

Category	Sub - category	Naming of statements
Arrangement of diagnosis and treatment process	Management for registration and consult	Initial registration of new patients Arrangement of consultation to medical treatment
	Guidance and supporting at admission	Arrangement of admission At admission:: Anxious, Unfamiliar, Lack of understanding the situation
Giving information of treatment courses	Explanation of diagnosis & treatment process	Curiosity about diagnostic test and process Curiosity about treatment process Supporting special treatment Application of standing order in need Adjustment of diagnostic test progress Curiosity about treatment process Curiosity about drugs' side effects or complications Curiosity about treatment effect or reaction degrees Curiosity about convalescence Curiosity about changes of tumor index Curiosity about operation process Problems related to treatment process: Side effects, Complications, Convalescence, Medical problems Indirect communication through family caregiver
Support of treatment process	Coping with discomfort	Nausea and vomiting Urinary dysfunction Vaginal constriction Delayed pain care during absence of physicians
	Information about supportive therapy	Encouraged diets Difficult ingestion - Malnutrition Lack of information for recovery of physical strength Method of alternative therapy Information of alternative therapy Decreased capacity of blood formation Decreased immunity





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