Supporting Change in Oncology Nursing Practice in Kuwait

Veronica Nickerson, RN, BScN, MEd, Jennifer Deering, BScN, MN, NP, and Suha Alazmei, BSN

As countries around the world struggle to provide oncology care and treatment to their populations, nurses, as the largest healthcare workforce, are faced with the challenge of obtaining, maintaining, and developing specialized oncology nursing knowledge and expertise. Strategies that can be deployed at a local level to support nurses with integrating new knowledge into practice are important in meeting and overcoming this challenge. This article describes a theory-based model for implementing oncology nursing best practices in the Middle Eastern country of Kuwait.

Nickerson was the director of clinical operations and Deering is a nurse practitioner, both at the University Health Network Princess Margaret Cancer Centre in Toronto, Ontario; and Alazmei is the regional director of nursing in the Kuwait Cancer Control Center at the Ministry of Health of Kuwait in Shuwaikh.

No financial relationships to disclose.

Nickerson can be reached at nickerson_veronica@yahoo.ca, with copy to editor at ONFEditor@ons.org.

Keywords: knowledge transfer; strategies; partnership; building specialized expertise

ONF, 44(3), 280–283.
doi: 10.1188/17.ONF.280-283

The Kuwait Ministry of Health (KMOH) entered into a five-year partnership with Canada’s University Health Network Princess Margaret Cancer Centre (UHN-PM) to develop oncology programs at the Kuwait Cancer Control Center (KCCC) that were adapted from UHN-PM service models. UHN-PM has accountability to provide clinical care services to its local community and, at the same time, act as a provincial and national resource for tertiary and quaternary services. Its mandate of global impact extends the responsibility to also act as an international resource. This has resulted in reaching out to several countries to share expertise.

The framework for UHN-PM’s partnership with KCCC focused on building a long-term relationship with an organization that was striving to improve health care for their population, interested in building local capacity, and motivated to change by encompassing a strategy of knowledge transfer and capacity building. The approach was to partner rather than be prescriptive and to adapt programs rather than adopt them. KCCC and UHN-PM worked collaboratively to achieve their goals, focusing on international best oncology practice while developing locally generated solutions to difficult global problems.

KCCC was developed in the early 1970s as a tertiary healthcare center in the Sabah health region of Kuwait. It is the only oncology center in Kuwait providing comprehensive oncology services to adult patients with cancer, treating about 2,000 newly diagnosed cases per year. KCCC is comprised of five buildings with a 229-bed capacity and has roughly 1,650 medical, allied health, and administrative staff (KCCC, 2012). One goal of partnering with UHN-PM was to transform existing cancer services for the Kuwaiti population by increasing local capacity. This would enable more Kuwaiti citizens to receive care at home instead of going abroad for treatment. Nurses in Kuwait are not regulated by a health profession college, and the development of nursing knowledge within the country is predominantly at the baccalaureate level.

The partnership with KCCC used a three-pronged approach to enhance hospital services. First, experts from UHN-PM conducted focused site visits throughout the year. The site visitors were from all levels of the organization: frontline experts who modeled care delivery of UHN-PM in the Kuwait setting; departmental leadership collaborating with their KCCC counterparts in developing, executing, and monitoring improvement strategies; and executive leadership teams ensuring that the engagement was providing value to the Ministry of Health and setting future direction for cancer care at the systems level. The second prong was a UHN-PM multidisciplinary team based in Kuwait. This