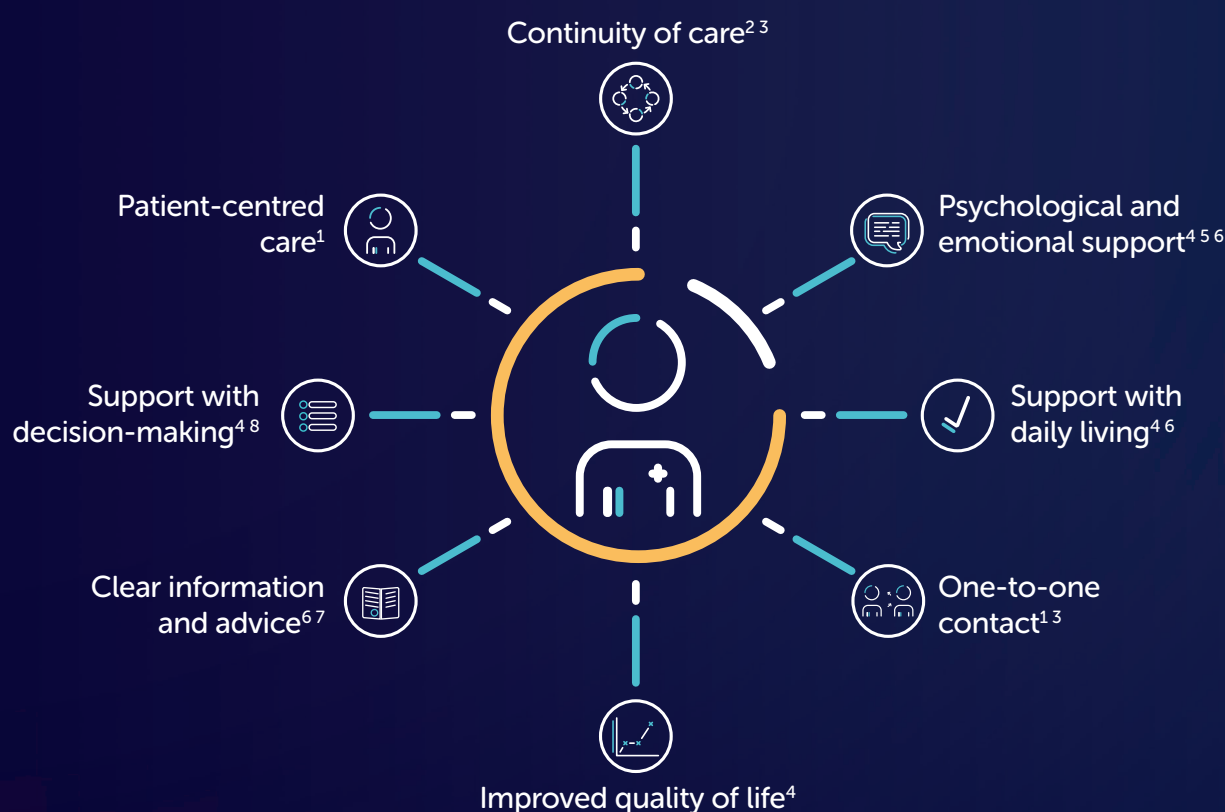


# Spotlight on cancer nurses:

## the heart of high-quality cancer care

All.Can was set up to identify innovative ways to improve efficiency in cancer care. This brief report highlights the vital role that cancer clinical nurse specialists (CNSs) play in the care pathway, and identifies policy priorities to advance the position of the CNS in cancer care throughout Europe.

### What cancer patients need, specialist nurses provide



All.Can is a multistakeholder initiative which aims to help define better solutions for sustainable cancer care and improve patient outcomes in the future. All.Can is made possible with financial support from Bristol-Myers Squibb (lead sponsor), Amgen and MSD (co-sponsors).

# What do we know about the value of cancer nurses to patients and their families?

Care delivered by a cancer CNS offers patients a personalised, patient-centred experience, with improved access to care.<sup>1</sup>

Acting as a **navigator** through the cancer care pathway – from **diagnosis** through to **follow-up**,<sup>9–11</sup> and end-of-life care – the cancer CNS is crucial to **continuity of care**.

Cancer CNSs play a **vital coordination role within the multidisciplinary team**. They address not only patients' clinical needs, but also their emotional, psychological, financial and social needs.<sup>9</sup>

Cancer CNSs can offer **information, advice and reassurance** to patients,<sup>7</sup> and act as the main point of contact for the entire family.<sup>12</sup>

Patients cared for by cancer CNSs report **greater satisfaction** and **improved quality of life**.<sup>13</sup>

Patients also report **reduced anxiety**, depression<sup>4 6</sup> and distress<sup>5</sup> when care is provided by a cancer CNS.

## The role of the cancer CNS varies considerably across Europe

In **France**, the 2014–2019 Cancer Plan made a huge step in recognising the role of cancer CNSs.<sup>14</sup>

In the **Netherlands**, since December 2015, oncology nurses have been authorised to prescribe medicine. This level of autonomy mirrors their recognition as key role in cancer care.<sup>15 16</sup>

**Belgium** is a pioneer in cancer nursing. The role has been recognised as a qualification since 1994 and as a specialisation since 2006.<sup>17 18</sup> Oncology nurses play a crucial role in delivering cancer care and their role is protected. They are the only professionals permitted to administer chemotherapy.<sup>5 19</sup>

In the **UK**, cancer CNSs are well-established. For example, a UK survey of men with prostate cancer found that CNSs were most important in providing emotional support around the time of diagnosis and helping the men make decisions about treatment.<sup>5 20</sup>

In **Germany**, some cancer treatment institutions employ case management led by a care coordinator nurse, such as the Breast Cancer Centre in Aachen, with positive results.<sup>4 8 21</sup>

In **Sweden**, the role of the oncology nurse has a long tradition and is included in national guidelines. A recent study showed high satisfaction with nurse support over time.<sup>22</sup>

## Cancer nurses can also improve efficiency in cancer care

Integrating specialist nurses in the cancer care pathway may offer **overall savings to the healthcare system**. Data, however, are limited – and more research in this area is needed.

### Data from the UK suggest:

- A one-to-one support approach (combining specialist nurses and support workers) could lead to an annual net saving of £19 million to the National Health Service.<sup>23</sup>
- The introduction of a specialist nurse into the cancer care pathway could release about 10% of cancer expenditure (based on economic modelling from one city).<sup>24</sup>
- According to a case study by a breast cancer taskforce, the CNS role can prevent emergency admissions and speed-up care pathways, allowing time for up to 13 new patients per week to be seen.<sup>25</sup>

# What are the barriers to wider adoption of specialist cancer nursing?

We know that cancer CNSs contribute to better, more patient-centred and often more efficient care. However, the role of the cancer CNS and training standards are often **poorly defined** – leading to a **lack of recognition** for the crucial part they play in cancer care.

There are a number of reasons why the CNS role is not more widely established in cancer care pathways across Europe.

<p><b>01</b> <b>Low investment in cancer CNSs often reflects shortages in the nursing workforce in general</b></p>	<p>Several countries – including <b>Austria, France, Greece, Italy, Portugal, Poland, Spain</b> and the <b>UK</b> – have fallen behind in employing nurses in general.<sup>26</sup></p> <p>In <b>Sweden</b>, although the role of the oncology nurse is recognised in national guidelines, it is not protected. In the face of resource shortages, therefore, oncology nurses who resign or retire could be replaced by nurses without specialist training.<sup>27</sup></p> <p>Although cancer nursing is recognised as a specialty in <b>Greece</b>, its resource-drained health system cannot afford training for specialist nurses, and its nursing workforce is among the smallest in Europe.<sup>16 26</sup></p>
<p><b>02</b> <b>Workplace stress and burnout are common among nurses<sup>18 28</sup> – particularly in cases of staff shortages and high demand – yet this often depends on how well the CNS role is embedded in the care pathway</b></p>	<p>For example, a 2014 survey in <b>Belgium</b> suggested that, because their role was well-defined and they were highly appreciated by patients, CNSs experienced less emotional exhaustion than physicians and standard nurses.<sup>29</sup></p> <p>By contrast, a 2008 survey at a hospital in <b>Turkey</b> found that rates of emotional exhaustion were significantly higher among nurses than among physicians, owing to a higher number of working hours and lower status within the oncology team.<sup>28</sup></p>
<p><b>03</b> <b>There is a lack of specialist training available for the cancer CNS role</b></p> <p>According to the European Oncology Nursing Society's 2016 survey, cancer nurses across Europe felt that there was a <b>need for specialist training, career structure and opportunities</b>.<sup>30</sup> However, there are examples of good practice in some countries.</p>	<p><b>Denmark</b> has offered specialised training for cancer nurses since 2009, but due to financial cuts the country is now struggling to retain this training programme.<sup>31</sup></p> <p>In <b>France</b>, universities offer an advanced degree in cancer nursing since 2016.<sup>14</sup></p> <p>In <b>Germany</b>, there is no formal cancer CNS qualification. The education programme in cancer care is not mandatory for nurses working in oncology and the salary incentive for this training is low.<sup>27</sup></p> <p>In <b>Spain</b>, the Spanish Oncology Nursing Society designed an advanced breast cancer clinical nursing curriculum defining the remit of the breast cancer nurse.<sup>32</sup></p>
<p><b>04</b> <b>The development – and investment in – cancer CNSs varies across different cancer types, with some roles more established than others</b></p>	<p>For example, the European Society of Breast Cancer Specialist (EUSOMA) published guidelines for training standards specifying the requirements for breast cancer nurses.<sup>33</sup></p> <p>Creating new specialist roles in nursing is a complex process. The use of established frameworks such as the Canadian PEPPA framework<sup>34</sup> – which proposes a participatory, evidence-based, patient-focused approach – can aid the development of the cancer CNS. It has successfully been applied in Switzerland for the creation of the advanced practice lung cancer nurse.<sup>11 35</sup></p>

# What can be done to advance the position of cancer nurses in Europe?



**We need a clear definition of the role of the cancer CNS, recognition of their importance and adequate training and education**

- Nurses have a crucial role in the multidisciplinary team, but the lack of definition and recognition can lead to problems with role differentiation and collaboration. Bespoke training is essential to ensure cancer nurses are adequately equipped to support patients with their specific needs.<sup>36</sup>

**We must provide a healthy and supportive work environment for cancer nurses**

- Workforce shortages mean each nurse's workload is increased, putting them under pressure and causing distress.<sup>28 37</sup> It is fundamental, therefore, to create a healthy and supportive work environment; only when their own health and wellbeing is safeguarded will cancer nurses be able to provide optimum care for their patients.

**We need more evidence of how cancer nurses improve patient outcomes and system efficiency, in order to create the best care pathways for patients**

- Nurse-led research and evaluation of nursing care will build an evidence base to support the case for implementing specialist nurses as a core role in the cancer care pathway.<sup>4</sup>

# REFERENCES

1. Williamson S, Chalmers K, Beaver K. Patient experiences of nurse-led telephone follow-up following treatment for colorectal cancer. *Eur J Oncol Nurs* 19(3):237-43
2. Case MA. Oncology nurse navigator. *Clin J Oncol Nurs* 2011;15(1):33-40
3. Doerfler-Evans RE. Shifting paradigms continued—the emergence and the role of nurse navigator. *J Thorac Dis* 2016;8(Suppl 6):S498-S500
4. Eicher MRE, Marquard S, Aebi S. A nurse is a nurse? A systematic review of the effectiveness of specialised nursing in breast cancer. *Eur J Cancer* 2006;42(18):3117-26
5. Cruickshank S, Kennedy C, Lockhart K, et al. Specialist breast care nurses for supportive care of women with breast cancer. *Cochrane Database Syst Rev* 2008(1):Cd005634
6. Sussman J, Howell D, Bainbridge D, et al. The impact of specialized oncology nursing on patient supportive care outcomes. *J Psychosoc Oncol* 2011;29(3):286-307
7. Rose P, Yates P. Patients' outcomes related to person-centred nursing care in radiation oncology: A case study. *Eur J Oncol Nurs* 2015;19(6):731-39
8. Thornton M, Parry M, Gill P, et al. Hard choices: a qualitative study of influences on the treatment decisions made by advanced lung cancer patients. *Int J Palliat Nurs* 2011;17(2):68-74
9. Daudt HM, van Mossel C, Dennis DL, et al. Survivorship care plans: a work in progress. *Curr Oncol* 2014;21(3):e466-79
10. Ferrell BR, Virani R, Smith S, et al. The role of oncology nursing to ensure quality care for cancer survivors: a report commissioned by the National Cancer Policy Board and Institute of Medicine. *Oncol Nurs Forum* 2003;30(1):E1-e11
11. Klemp JR. Survivorship Care Planning: One Size Does Not Fit All. *Semin Oncol Nurs* 2015;31(1):67-72
12. NHS National Cancer Action Team. Excellence in Cancer Care: The Contribution of the Clinical Nurse Specialist. 2015
13. Moore S, Corner J, Haviland J, et al. Nurse led follow up and conventional medical follow up in management of patients with lung cancer: randomised trial. *BMJ (Clinical Research Ed)* 2002;325(7373):1145
14. Institut National du Cancer. Plan cancer 2014-2019. Objectif 4 : Faire évoluer les formations et les métiers de la cancérologie 2014. Available from: <http://www.e-cancer.fr/Plan-cancer/Plan-cancer-2014-2019-priorites-et-objectifs/Les-17-objectifs-du-Plan/Objectif-4-Faire-evoluer-les-formations-et-les-metiers-de-la-cancerologie>
15. Dutch Ministry of Health, Welfare and Sport (VWS). Official Announcement regarding the prescribing powers of oncology nurses 27/11/2015. Available from: <https://zoek.officielebekendmakingen.nl/stcrt-2015-42244.html>
16. Charalambous A, Adamakidou T. Construction and validation of the quality of oncology nursing care scale (QONCS). *BMC Nurs* 2014;13(1):48
17. 31ème Symposium de la SIO Soins infirmiers en oncologie dans la Francophonie 2015
18. Lissandre S, Abbey-Huguenin H, Bonnin-Scaon S, et al. Facteurs associés au burnout chez les soignants en oncohématologie. *Oncologie* 2008;10(2):116-24
19. Li J, Huang J, Zhang J, et al. A home-based, nurse-led health program for postoperative patients with early-stage cervical cancer: A randomized controlled trial. *Eur J Oncol Nurs* 2016;21:174-80
20. Macmillan Cancer Support. Impact Briefs. Cancer Clinical Nurse Specialists, 2014.
21. Küpper A. Systemisches Case Management in der Onkologie am Beispiel der Behandlung und Begleitung von an Brustkrebs erkrankten Frauen 2008. Available from: [https://www.kok-krebsgesellschaft.de/wp-content/uploads/2015/07/case\\_management\\_onko\\_dkk\\_2008.pdf](https://www.kok-krebsgesellschaft.de/wp-content/uploads/2015/07/case_management_onko_dkk_2008.pdf)
22. Berglund CB, Gustafsson E, Johansson H, et al. Nurse-led outpatient clinics in oncology care – Patient satisfaction, information and continuity of care. *Eur J Oncol Nurs* 2015;19(6):724-30
23. Frontier Economics. One to one support for cancer patients, 2010
24. Macmillan Cancer Support. Demonstrating the economic value of co-ordinated cancer services. An examination of resource utilisation in Manchester. March 2010
25. Royal College of Nursing. Specialist nurses. Changing lives, saving money, 2010
26. OECD. Health at a Glance. 2015: OECD Publishing
27. Trueland J. Push to promote profile of cancer nurses in Europe 2016. Available from: <https://rcni.com/cancer-nursing-practice/features/push-promote-profile-cancer-nurses-europe-62626>
28. Alacacioglu A, Yavuzsen T, Dirioz M, et al. Burnout in nurses and physicians working at an oncology department. *Psycho-Oncology* 2009;18(5):543-48
29. Eelen S, Bauwens S, Baillon C, et al. The prevalence of burnout among oncology professionals: oncologists are at risk of developing burnout. *Psycho-Oncology* 2014;23(12):1415-22
30. European Oncology Nursing Society. EONS Membership Survey 2016, 2016
31. European Oncology Nursing Society. Society Focus- Fagligt Selskab for Kræftsygeplejersker(FSK) The Danish Cancer Nursing Society 2012. Available from: <http://www.cancernurse.eu/communication/denmarkFSK.html>
32. Vila C, Reñones C, Ferro T, et al. Advanced breast cancer clinical nursing curriculum: review and recommendations. *Clin Transl Oncol* 2017;19(2):251-60
33. Cataliotti L, De Wolf C, Holland R, et al. Guidelines on the standards for the training of specialised health professionals dealing with breast cancer. *Eur J Cancer (Oxford, England : 1990)* 2007;43(4):660-75
34. Bryant-Lukosius D, DiCenso A. A framework for the introduction and evaluation of advanced practice nursing roles. *J Adv Nurs* 2004;48(5):530-40
35. Serena A, Castellani P, Fucina N, et al. The role of advanced nursing in lung cancer: A framework based development. *Eur J Oncol Nurs* 2015;19(6):740-46
36. Gill F, Duffy A. Caring for cancer patients on non-specialist wards. *Br J Nurs* 2010;19(12):761-7
37. Potter P, Deshields T, Divanbeigi J, et al. Compassion fatigue and burnout: prevalence among oncology nurses. *Clin J Oncol Nurs* 2010;14(5):E56-E62