

Paediatric Update

# The role of the specialist nurse in paediatric oncology in the United Kingdom

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## Abstract

National guidance in the United Kingdom on the provision of services for children and young people with cancer and their families has consistently emphasised the need for specialist nursing as central to the delivery of safe and effective care. The temptation when examining the role of the specialist nurse is to look at those posts that carry a recognised 'specialist' label. It is equally important, however, to look at the development of nursing practice across the speciality and at how this can be both supported and recognised. Nurses with specialist knowledge, skills and expertise in paediatric oncology are needed in positions where they are able to develop nursing practice, direct service development, lead nursing research, and guide education and training. Effective clinical leadership is essential at the point at which nursing care is delivered whether that is at the hospital bedside, in the clinic and day care unit, or in the family home. © 2005 Elsevier Ltd. All rights reserved.

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## 1. Introduction

The role of the specialist nurse in paediatric oncology is as diverse as the individuals who undertake such roles, and the settings within which they work. In paediatric oncology, nurses are faced with many challenges in a constantly changing health care environment. Advances in treatment and technology, growing expertise in patient management and multiprofessional care have all improved patient outcomes, and at the same time impacted on nursing practice. Nursing within the speciality has been affected by changes in medical training and working patterns, changes in treatment patterns, and changes within the profession itself. Nurses have taken on new roles and responsibilities, and are continuing to expand the boundaries of their practice. This has led to increased

demands on nursing at all levels of the workforce. The temptation when examining the role of the specialist nurse is to look only at those posts that carry a recognised 'specialist' label. It is instructive to look at the development of these posts, and to identify the contribution to care that they make. It is equally important, however, to look at the development of nursing practice across the speciality and how this can be both supported and recognised. Within paediatric oncology, there has been attempts to bring clarity and structure to developments to ensure that individual nurses are supported as they expand their practice, that they do so in collaboration with other members of the multidisciplinary team, and that this is always in the best interests of patients.

## 2. The history of nurse specialists in paediatric oncology

Nursing children and young people with cancer is a speciality within paediatric nursing that makes great de-

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mands on its practitioners. It is a speciality where multi-disciplinary team working has always been one of the guiding principles, and nursing has been recognised as key to the provision of effective care. The role of specialist nurses as they have developed in the past has generally been either to meet identified gaps in service provision, or to give some form of recognition to the clinical skills, experience and expertise of individual practitioners. The largest and longest established body of nurse specialists in paediatric oncology in the UK is the Paediatric Oncology Outreach Nurse Specialists (POONS) [1]. The original impetus behind these posts, which were developed in the 1980s, often with charitable funding, was to support both families and professional carers through a child's terminal illness at home, where often there was no locally available appropriate resource [2]. Hunt has described how the success of these posts, and the improved outcomes in childhood cancer treatment, led to the national expansion of posts, and a change in emphasis, to support families throughout the child's illness, whatever the outcome, and to provide a link between primary, secondary and tertiary care [1]. The 'specialist' status awarded to these posts was frequently a reflection of the perceived expertise of the post-holders as individuals. It was derived from a mixture of formal qualifications, hands-on technical skills, extensive clinical experience within the speciality, in-depth medical knowledge, and an insight born of experience into the particular needs of children and families [1].

Following on from the success of the early outreach posts, other nurse specialist posts developed in paediatric oncology. These posts frequently developed in response to gaps in service provision, or identified areas of clinical need. Such posts were often championed by medical consultants who valued the contribution made by nursing colleagues, and wished to have it more clearly recognised. Posts often developed in an *ad hoc* and reactive way, and again were initially founded on the extensive clinical background and specialist knowledge and expertise of the individuals who undertook them.

### 3. The professional context

The 1980s and 1990s saw a proliferation of specialist nursing roles and titles, in response to the need for more complex and specialist care in a rapidly changing National Health Service (NHS), and the subsequent expansion of skills and knowledge in the nursing profession. Specialisation continues with advances in medical science and technology resulting in a reappraisal of traditional roles within both nursing and medicine, and a redefining of the boundaries between the clinical work of doctors, nurses and other health care professionals [3]. The importance of the multidisciplinary team in which all its members work together and develop new skills is increasingly

emphasised [4] in a health care environment where practitioners perform complementary, and often overlapping roles to solve complex patient care issues [5].

In 1992 nursing's professional body, the United Kingdom Central Council for Nursing and Midwifery (UKCC), predecessor to today's Nursing and Midwifery Council (NMC) issued a key document, the 'Scope of professional practice' which enabled nurses to expand their practice boundaries, within the limits of their own competence [6]. The NMC is currently working on the setting of agreed competencies for advanced and specialist practice roles. The UKCC, defined specialist practice in nursing as 'the exercising of higher levels of judgement, discretion and decision making in clinical care' [7]. The title of 'nurse specialist' as it has been used in the UK brings with it a range of different interpretations, with no clearly accepted definition either of a prescribed role, or of the qualifications or experience required to undertake it. This is different to the situation in North America, where roles such as 'Clinical Nurse Specialist' and 'Nurse Practitioner' have very clear definitions and expectations as to the role profile, the competencies required, and the educational preparation needed to undertake them. Although this has led to some confusion in the UK, and calls within the nursing press for consistency, it has also meant that nurses have often had the opportunity to develop roles in accordance with the needs of local services.

### 4. Government policy

There has been a growing recognition at the Department of Health (DOH) and in government policy of the potential of nursing in the development of services. The DOH in its key strategy document for nursing, 'Making A Difference' [8] strongly advocates the development of nursing roles as an important way of improving services. There are two key drivers in this development, the untapped potential to be unlocked in the nursing workforce, with its increasing clinical expertise, and the changes to medicine that have an impact on both the training and service elements of medical posts. The requirements of the European Working Time Directive, the subsequent reduction in junior doctor hours, and more recently the new consultant contract have all had a considerable impact on service provision across the NHS [9]. The blurring of the professional boundaries between nursing, medicine and other health care professions, which was already happening within specialities such as paediatric oncology, has now become government policy [8,10,11]. 'Making a Difference' set out the proposals for a new career framework for nurses linked in to proposals for a new pay scheme that was subsequently developed as part of 'Agenda for Change' [12]. This document set out government policy for the

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