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POSTER

Exploring the Scope of Oncology Specialist Nurse' Practice in the UK

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Background: Over the last decade there have been revolutionary changes to oncology nurses' roles in the UK, however despite many nurses currently undertaking nurse-led services there has been little formal evaluation.

Material and Methods: A survey was undertaken to explore the nature of oncology specialist nurses' roles and scope of clinical practice within the UK. This included nurses' autonomy, clinical skills and prescribing practices within nurse-led oncology services.

Results: A survey of 103 UK oncology specialist nurses highlighted significant developments within nurses' roles and nurse-led clinics, however identified significant differences in the nature of clinical practice and independent prescribing. There was a lack of clarity between nurses' titles and their roles and responsibilities, since many roles had developed ad hoc. Many nurses felt frustrated by deficiencies in the infrastructure and support, which often overshadowed potential benefits. However, overall new roles were greatly valued by the multidisciplinary team, reducing waiting times and providing benefits for patients.

Conclusions: There is a great diversity in oncology specialist nurses' roles; however lack of clarity in titles, training, competencies and responsibilities is creating confusion. Role developments and nurse-led clinics have been ad hoc and poorly evaluated; therefore it is difficult to fully appreciate their impact on patients, staff and service delivery.

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High Level of Patient Satisfaction With Nurse-led Care in Oncology Outpatient Clinics – Report From Two Surveys

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Background: The improvements in treatment of cancer patients have resulted in an increasing number of patients requiring follow-up. The implementation of nurse-led clinics within the department of oncology has been a way to accomplish greater effectiveness without compromising the quality of care. Systematic surveys of patient satisfaction can give information on issues where patients ask for improvements. In 2007 a survey of patients' satisfaction with nurse-led care was performed. Over all, the results showed high levels of satisfaction but there were room for improvement regarding "continuity" and "information". As a result of the survey, efforts were made to increase continuity. However, the number of patient visits at nurse-led clinics have increased continuously since 2007. The purpose of this study was to investigate any changes in patients' satisfaction with the nurse-led care at Radiumhemmet, the Department of Oncology, Karolinska University Hospital.

Material and Methods: In 2009, a questionnaire was sent together with a prepaid envelop to consecutive patients who had attended a nurse-led-clinic during a period of 4 weeks. The questionnaire consisted of 15 multiple-choice items concerning waiting time, interpersonal skills, continuity of care, information and expectations. The procedure was identical to the previous survey except that the study period was limited to 3 weeks in 2007.

Results: A total of 392 patients responded to the 2009 survey compared to 142 patients in the 2007 survey, corresponding to 47 patients/week in 2007 and 98/patients /week in 2009. Over all, there were no statistically significant differences between the two assessment points on any of items in the questionnaire. In general, high levels of satisfaction were reported but still there are room for improvements regarding "continuity" and "information" despite the efforts to increase continuity. However, in the survey performed 2009, a 10% higher proportion of patients reported "continuity". The results will be further analyzed regarding type of visits. Data are categorized according the main purpose of the visit, e.g. "information" (before start of cancer treatment) and "assessments" (side effects).

Conclusions: Continuity and information issues remains areas where improvements are wanted and strategies need to be elaborated. Analysis needs to consider changes in workload and staff turnover.

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Development of Evidence-informed Guidelines for a Breast Cancer Nursing Consult

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Background: Breast care nurses (BCN) are an important partner in the multidisciplinary team of breast cancer patients. Their support, knowledge, commitment and availability may accompany and route women through their disease and treatment. The aim of this study was to develop evidence-informed guidelines for BCN, taking into account the patients' experiences and perspectives, to offer supportive care in a nursing consultation.

Method: A literature review was conducted to identify evidence concerning needs and effective interventions. In addition, a qualitative study based on the principles of the grounded theory was used. Both patients and BCN were interviewed to identify needs, care provided and the evaluation of such care. Both individual interviews (with ten patients) and focus group interviews (ten focus group interviews with BCN and four focus group interviews with breast cancer patients) were used. Data-analysis was supported by Nvivo8. Researcher triangulation was used to increase the validity of the analysis.

Results: BCN provide care mainly during diagnosis and around the surgery. The BCN is not regularly available during adjuvant therapy and care is mostly provided only on the patients' request. However, patients strongly appreciate a supply-driven support. BCN have to be all-round. They assist women to cope with breast cancer and guide them to find the way to 'normal life'. They are not only in charge of direct patient care, but they also take responsibility in structural and organizational developments. Some of the BCN lack the necessary competences in this area. BCN hold a rather solo-position and cooperation with the other members of the multidisciplinary team sometimes seems to be hard.

The analysis of the focus group interviews and the in-depth interviews with women who have used the BCN consultations', stresses the importance of the BCN as one of the most prominent actors in psychosocial care. Their warm personality, holistic approach and sincere interest make them very accessible for patients. The BCN know the needs of the individual patient and can attune support to the patient's specific care demands. The BCN must be available not only at the critical points during the disease trajectory, but also at those moments where the patients feel 'good care' is not provided by the other professionals.

Conclusions: The study of the patients' experiences and perspectives and their confrontation with the BCN' practices and viewpoints allowed to develop evidence-informed guidelines that can be used flexibly by BCN to set up a nursing consultation or to optimize an existing one. The guidelines enable a response to the current shortcomings, offer opportunities to the organization of a consult and strive for continuity in the care for breast cancer patients on a long term base.

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The Experiences of Breast Cancer Patients With the Care of the Breast Care Nurse

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Background: The purpose of this project is to develop guidelines for the organisation and content of a nurse consultation in a breast unit. The guidelines are meant for all breast care nurses (BCN), the partners of the multidisciplinary team and the management staff. In the literature there is evidence for the added value of working with specialist (breast) nurses and information about their role in practice. The development of these guidelines must offer the practice more detailed information about the content of the interventions of a BCN.

Material and Methods: The project exists out of four major phases: a literature study, a qualitative study with BCN and the perspectives about their role, a qualitative study with patients about their experiences of the care and finally the development of the guidelines. Information about the perspectives of breast cancer patients with the care of a BCN was collected through ten focus group interviews, a multicentric approach. All patients completed their treatment (n = 36) and received care from a BCN at different key moments. A phenomenological approach was used. The interviews were transcribed and coded (Nvivo9) and constant comparison was used to analyse the data.

Results: Analyses revealed two major themes: how patients with breast cancer experienced their illness and treatment and how the BCN can support them in the best way. The BCN has to support the patient at the right moments by giving individualised information and psychosocial support. She represents humanity in a complex organisation and the clinical