

# European Association of NeuroOncology Magazine

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## Specialized Nursing Roles: Pros and Cons

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*European Association of  
NeuroOncology Magazine 2013; 3 (3)*

143-144



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# Specialized Nursing Roles: Pros and Cons

Hanneke Zwinkels

Patient advocacy as well as provision of support and information about disease and its treatment for patient and caregivers are important aspects of a nurse's coordinating role. As a consequence, in many European countries, the role of the oncology nurse has developed to the extent that in many centres oncology nurses take a lead role in the care of oncology patients.

In several European countries, specialised neuro-oncology nurses are included in care teams to act as the most direct contact for patients, their caregivers, and all healthcare professionals involved in the clinical management of brain tumour patients. Nurses deal with clinic scheduling, symptom management, medication/steroids, psychological support, and referral to other agencies as part of the process of advancing patient care.

## ■ An Example

*A 26-year-old man treated for a glioblastoma multiforme is shopping with his partner when suddenly he develops a seizure for the first time within a year; suddenly, he can no longer speak or use his right hand and has a right-sided facial paresis. The partner panics and calls the nurse practitioner (NP). The NP discusses the event with the treating neuro-oncologist and advises the patient to come to the emergency room (ER). The NP informs the resident neurologist at the ER by means of a short summary of the disease history and treatment so far. Once the ER brain imaging (CT mainly to exclude haemorrhage) is performed, anticonvulsants are adjusted and, consequently, signs and symptoms wear off over hours. The NP schedules an MRI within a few days. The situation of the patient will be discussed during the next weekly neuro-oncology board meeting, where further treatment plans will be discussed, partly on the basis of the imaging results and clinical follow-up. The NP calls the patient on the next day to enquire how he is doing and arranges an appointment with his doctor to discuss further steps.*

## ■ Is There a Function for the Nurse Within the Multidisciplinary Care Process?

The Dutch Health Care Inspectorate stated that for every cancer patient, an accessible health care professional should be appointed in the interest of the patient [1]. Furthermore, good documentation of the process and pathway makes clear to every professional who is responsible at what time. Like other health care professionals the nurse has a clear place within the care process of, in the described case, the neuro-oncology patient, clear to both the patient and all other health care professionals within the multidisciplinary team. If it is decided to assess case management (in The Netherlands, this is a trend in

oncologic care) to improve care, this cannot be the responsibility of one person. Oncologic care is provided for by multiple participating professionals within one hospital and can be quite complex. It is the task of a multidisciplinary team to clarify the total care process and to decide on which health care professional is responsible and accessible for which part of the process. Managing a case – defined as care for the individual patient – is in my opinion one of the competences of the specialized nurse.

## ■ Specialized Nurse or Nurse Practitioner?

Competences of both health care professionals include coordinating and organizing care for the benefit of all disciplines and are aimed at guarding continuity of oncologic care, with consultation and reporting as important requirements. Reallocation of tasks and responsibilities has led to the function of the NP (master degree in nursing) with competences such as clinical reasoning, the ability to perform physical examination, delegated tasks which previously belonged exclusively to medical health care professionals, such as ordering diagnostic tests, prescription of medication, and performing minor procedures. To realize continuity within multidisciplinary care, the care process can be coordinated by the oncology nurse or NP to prevent gaps, overlaps, and contradictions. Advanced practice nurse outcomes show that these professionals have an increasing role as providers in the health care system, which leads to an important improvement of quality of patient care [2]. Neurological nurse specialists provide cost-effective care and research in the United Kingdom on the influence of budget costs on care delivered by specialized nurses shows that not only are there several cost benefits but nursing care also contributes to the wellbeing of patients with neurological disorders and their families, including reduced waiting time, avoidance of unnecessary hospital admissions, and reduced postoperative care [3].

## ■ Implementation in Practice, Barriers, and Limitations to the Function

With the start of a new health care professional within the multidisciplinary team such as the specialized nurse, one of the barriers to be taken is the unfamiliarity and resistance to work *with* the nurse. Clinicians might ask themselves what they can expect of such a professional, how they are educated, if the qualification is of a high-enough standard, if they want to collaborate with specialized nurses, if they want to delegate/allocate tasks and responsibilities to the nurse, and in which way these tasks and responsibilities are verified.

In daily practice, it is often difficult to establish confidence and belief in new players within the multidisciplinary team, sometimes the newly created function is connected to a person of whom physicians may have high expectations. To meet those expectations and to be recognized by the multidisciplinary

plinary team is another issue. Is this new player after implementation (ir)replaceable? One of the important aspects of introducing a new function is that its holder is being acknowledged by the entire medical team. If any other health care professional offers resistance against the introduction it is more difficult to start and implement the function. Besides, it is important to communicate tasks and responsibilities so that they can be taken over by someone else with the same competences.

For new specialized nurses it is important to be able to be trained on the job by the physicians they are collaborating with in patient care. A plan of introduction before starting is a must: what is expected of the nurses, what tasks will they perform, what responsibilities will they have, how will this be evaluated, how is it guaranteed that the nurses will be able to continue to deliver quality of care? NPs have their own responsibilities but will always have to be able to get back-up from physicians. Protocols, standards, and guidelines will guide NPs. If there are situations not covered by these NPs have to know their limits and ask for support.

To be able to perform the job, the department and multidisciplinary team have to create certain conditions, such as a good job description, support by the management, workspace (desk, computer etc) for the nurses, access to patient files, and authorization to perform the allocated tasks. It will help if the nurses get to know the key players in the care process they will participate in.

## ■ Recommendations

Nurses have a clear place within the care process of a specific patient group, they have expertise and knowledge of disease, diagnostics, treatment, signs and symptoms, the working methods of different disciplines, the key players in the health care process, and the referral structure within the institution. They know and participate in the total care process: from diagnostics to death, from possible treatments to clinical scientific research. Running the function is only possible because of the acknowledgement and support by the institution and various participating disciplines, united in a multidisciplinary board with the responsibility to identify the individual care process and to initiate policy. Specialized nurses or NPs function as “spiders in the web” and improve the quality of patient care by coordination and continuation of care.

### Suggested Reading:

1. Dutch Inspectorate of Health Care. Zorgketen voor kankerpatiënten moet verbeteren. 2009.
2. Newhouse RP, Stanik-Hutt J, White KM, et al. Advanced practice nurse outcomes 1990–2008: a systematic review. *Nurs Econ* 2011; 29: 230–50.
3. Christodoulou M. Neurological nurse specialists: a vital resource under threat. *Lancet Neurol* 2012; 11: 210–1.

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